

BRECKSVILLE SURGERY CENTER Patient Financial Policy

Thank you for choosing Brecksville Surgery Center as your healthcare provider. The Surgery Center realizes that the cost of healthcare is a concern for our patients. We offer the following information to help you understand our financial policies and aid you in planning for payment. Your clear understanding of our Policy is important to our professional relationship. Carefully review the following information and please feel free to ask if you have any questions about our fees, our policies or your responsibility.

With the information provided by your physician's office the Surgery Center will estimate the charges for your scheduled procedure or surgery. An exact fee cannot be quoted before surgery, since it is unpredictable what the findings may be at the time of surgery and what specific procedures may be billed. We will estimate the portion your insurance will cover and estimate your patient responsibility.

Insurance: Your insurance policy is a contract between you and your insurance company. As a courtesy, we will help you receive maximum benefits by promptly filing your claim and supplying information as required by the insurance company for claim processing. In order for your claim to be filed in a timely manner we require that you provide patient and insurance information at each visit. Please remember to bring your current insurance cards and a photo ID with you to the Surgery Center.

If your insurance company contacts you for information or completion of a form, please respond immediately. Your untimely response could cause a delay or a denial of your claim. If the Insurance Company does not pay within 90 days, you may be held responsible for a timely payment of your account. Brecksville Surgery Center will not become involved in disputes between you and your insurance company.

If your insurance carrier reimburses you directly for our services, we expect you to send or bring the signed insurance check and EOB to Brecksville Surgery Center within 7 days. If the Surgery Center has not received the full amount of the insurance check within 30 days, your account could be sent for collection action.

Copayments: All copayments must be paid at the time of service. A **copayment**, or **copay**, is a capped contribution paid by the patient each time a medical service is rendered. It must be paid before any policy benefit is payable by an insurance company.

Deductibles and Coinsurances: Your estimated deductible and coinsurance amount is due at the time of service. Your **deductible** is the amount you have to pay out-of-pocket for services before your insurance company will begin to pay. **Coinsurance** is a co-sharing agreement between you and your insurance company which provides that your insurance will cover a set percentage of the covered costs after the deductible has been paid. If you have a high deductible plan, be prepared to pay for your services in full on the date of service. After your insurance has paid, any remaining patient responsibility will be billed to you. If our original estimate was too high, you will be refunded your overpayment in a timely manner.

Method of Payment: For your convenience Brecksville Surgery Center accepts cash (US dollars), local personal checks, cashier's check, debit cards, Visa®, MasterCard®, Discover®, American Express® and CareCredit®.

Payment Arrangements: Full payment of the estimated patient balance is required at the time of service unless prior arrangements have been made. In the event the total patient balance is more than you are able to pay, contact the Surgery Center business Office to make arrangements. Brecksville Surgery Center will not deny anyone service because of their inability to pay on the date of service.

The Surgery Center does not routinely offer payment plans longer than 6 months. If you need a longer time to pay your balance you will need to contact CareCredit® for financing. For CareCredit® Financing call the toll free number 800-365-8295 or go to www.carecredit.com and complete an application. Always provide the Surgery Center's name and phone number when applying to assure the application is processed correctly.

If you are having financial difficulty, our business office will work with you to get your account paid. It is your responsibility to inform us of any such concerns **before** your surgery.

Medicare Patients: The Surgery Center accepts Medicare patients. Ambulatory Surgery Facility benefits for Medicare patients include a yearly deductible and a 20% copayment. You are expected to pay your deductible and estimated 20% on the date of service, unless you have made prior arrangements.

Worker's Compensation: If you are having a procedure/surgery because of a work related injury, the Surgery Center will need your employer's worker's compensation insurance information and your personal health insurance information. Your employer should supply you the name and phone number of the Worker's Compensation Insurance, a contact person and claim number for your surgical visit. This information is needed so the Surgery Center can obtain prior approval from your worker's compensation carrier for your services. Worker's compensation claims denied by the carrier will become your responsibility.

Cosmetic Procedures: Payment for cosmetic surgery is due in full on or before the date of service. No personal checks will be accepted for cosmetic procedures, unless received 10 business days prior to services being rendered.

Self-Pay Accounts: Patient's that are not covered by insurance are expected to pay the surgical charges in full on or before the date of service. If you are unable to make payment in full, please call the Billing Office prior to your surgery to discuss financial arrangements.

Returned Checks: The charge for a returned check is \$25.00. If a check is returned for insufficient funds, the Surgery Center requires that you make a payment equal to the returned check plus the \$25.00 charge within 15 business days of bank notification. The Surgery Center will not accept a check for payment of a check that was returned for insufficient funds.

Collection of Unpaid Accounts: If your account becomes delinquent it will be turned over to a collection agency. A delinquent account is an account that has had no payments in 60 days, sporadic payments or nonpayment of a check returned for insufficient funds. You will be responsible for all costs, including agency fees, attorney fees, court costs and other related expenses incurred in collecting the delinquent amount.

Separate Billing: You will receive a separate bill from your physician for his professional services at the Surgery Center. In addition, if you require anesthesia, the contracted anesthesia group will bill you for their services. If your physician orders pathology or blood work while at the Surgery Center the laboratory will bill you directly for their services. The Surgery Center will make every effort to utilize network providers for your ancillary services.

Property Release: Brecksville Surgery Center will make every effort to protect your possessions while you are under our care. Please leave all valuables with your family or friends. I understand that the Surgery Center cannot be held responsible for loss or damage of my personal property.

Advance Directives: I understand that even though the physicians and staff of Brecksville Surgery Center respect my rights to participate in decisions regarding my health care, the policy of the Surgery Center is that all patients undergoing surgical procedures will be considered eligible and will receive life sustaining emergency treatment. Advance Directive information is available upon request.

Disclosure of Ownership: I have been informed by Brecksville Surgery Center that the physician who is rendering services may have ownership interest in the facility. I wish to be treated at Brecksville Surgery Center.

Assignment of Benefits: I hereby assign benefits to be paid, on my behalf, to Brecksville Surgery Center who rendered services to me.

Authorization for Release of Information: I, the undersigned, authorize Brecksville Surgery Center to release all or part of my medical record when required for the submission of insurance claims or the operations of the Center. The Center, its agents and employees are hereby released from any and all liability of any nature that may arise from the release of such information

Certification: I certify that the information given with regard to insurance coverage is correct. The undersigned certifies that he/she has read and understands the foregoing and fully accepts the terms specified above.

X _____ X _____ X _____
Signature of Patient or Guardian Relationship to Patient Date

Witness Signature (Surgery Center Staff) Date