



PATIENT FINANCIAL POLICY

Welcome! Thank you for choosing Deerpath Ambulatory Surgical Center (the Surgical Center) as your healthcare provider. We realize the cost of healthcare is a concern for our patients and offer the following information to help you understand our financial policies and aid you in planning for payment.

INSURANCE

Prior to your procedure, if a payment is required, you will be contacted by the Surgical Center Billing Office to explain the information received in regard to your procedure and benefits coverage. (This is an estimate, as we always encourage patients to educate themselves on their plan coverage).

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 your visit. On the day of your procedure, you will be required to bring your current insurance card(s) (including secondary insurance, if applicable) and a photo ID.

If your insurance carrier reimburses you directly for our services, we expect you to forward the signed insurance check and Explanation of Benefits (EOB) to Deerpath Ambulatory Surgical Center within seven (7) days.

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 COINSURANCE

Your deductible 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 (defined as a minimum \$1400 for individual coverage or \$2800 for family coverage), be prepared to pay for your services in **full** on the date of service. Arrangements for these payments will be made with a billing specialist prior to your procedure.

METHOD OF PAYMENT

For your convenience, the Surgical Center accepts cash (US dollars), local personal checks, cashier checks, Visa, MasterCard, American Express, and Discover. Via our patient portal, you can access statements, pay your bill, set-up payment plans, store cards on file, and manage statement delivery preferences.

We have payment plans available for patients who will owe at least \$100. Payment plans are set up to divide by 3, 6, 9 or 12 months. Your payments will be automatically withdrawn from your provided account on either the 1st or 15th of the month (patient choice). The monthly amount will be arranged with a billing specialist prior to your procedure.

MEDICARE

The Surgical Center benefits for Medicare patients include a yearly deductible and a 20% copayment. If you carry secondary insurance and Medicare does not automatically forward the claim to your secondary carrier, we will gladly file the claim on your behalf.

WORKER'S COMPENSATION

If your procedure is due to a work-related injury, the Surgical Center will receive the detailed information on your worker's compensation insurance from your physician's office. You will also be required to provide your personal health insurance information. If for any reason the worker's compensation claim is denied, the Surgical Center will bill your personal health insurance plan for coverage of the claim. If your personal insurance does not cover the claim, you will receive a bill from the Surgical Center that is due upon receipt.

SELF-PAY ACCOUNTS

Patients that are not covered by insurance are expected to pay their surgical charges in full on or before the date of service, unless prior arrangements have been made. A billing specialist will contact you prior to your procedure to discuss financial arrangements.

Charges will be based on 450% of the current Medicare fee schedule. A courtesy discount of 30% will be applied if a payment of at least 50% of the total estimated cost is made before or on the day of the procedure. If patient pays in **full** before or on the day of the procedure, an additional prompt pay discount of 15% will also be applied, bringing the potential available discount to 45% of the total estimated cost. In order to qualify for discount(s), payment must be processed via cash, credit card, or certified cashier check. Discounts will only be applied to the Surgical Center charges.

A minimum payment of 20% of the total estimated cost is required prior to surgery on all self-pay accounts. If partial or no discount criteria is met, patient will be required to sign a payment plan agreement as indicated above.

RETURNED CHECKS

The charge for a returned check is \$25.00. If a check is returned for insufficient funds, the Surgical Center requires that you make a payment equal to the returned check plus the \$25.00 charge within fifteen (15) business days of bank notification. This payment must be processed via cash or credit/debit card only.

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 after mailing three (3) billing statements, sporadic payments, or nonpayment of a check returned for insufficient funds.

SEPARATE BILLING

You will receive a separate bill from your physician for his/her professional services at the Surgical 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 Surgical Center, the Morris Hospital Laboratory will bill you directly for their services.

REFUNDS

In the event a refund balance occurs on your account, our policy is to process refunds on a monthly basis after we receive payment from your insurance company. The amount will be refunded directly to you or your insurance company depending upon your specific insurance contract requirements. All uncashed refunds will be void 180 days after postage mark.

Your signature represents your consent to treatment for the named patient, your acknowledgement of full financial responsibility, and your understanding and acceptance of the policies detailed above.