



Patient Financial Policy

Thank you for choosing Sillect Surgery Group 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.

Prior to your surgery, A staff member will explain our charges and confirm with you what your insurance is expected to pay for these charges. You will be given the estimated patient responsibility at that time. If you have not received a call by the day before your surgery, please call the business office at (661) 489-4543.

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 the timely payment of your account. Sillect Surgery Group 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 Sillect Surgery Group within 7 days. If the Surgery Center has not received the full amount of the insurance check within 30 days, your account will 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 Sillect Surgery Group accepts cash (US dollars), local personal checks, cashiers 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 payment arrangements.

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 1-800-677-0718 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.

Minor Patients (under age 18):

Any patient under the age of 18 must be accompanied by a Parent or Guardian. The person who accompanies the minor will be responsible for providing current information and payment of the patient responsibility. The Surgery Center does not recognize any family relationship contract or settlement.

Medicare Patients:

The Surgery Center does not accept Medicare. If you are a Medicare patient and you still wish to have your services done at Sillect Surgery Group, a cash rate will be offered to you.

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 their 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 workers' 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. If you require implants or high dollar devices for your surgery, you may be billed by Implantable Provider Group (IPG) who provided the implant or device. The Surgery Center provides insurance and billing information to these providers, so they can file a claim on your behalf. The Surgery Center will make every effort to utilize network providers for your ancillary services.

Property Release:

Sillect Surgery Group will make every effort to protect your possessions while you are under our care. Please leave all valuables with your family or friends. The Surgery Center cannot be held responsible for loss or damage of my personal property.

Acknowledgement:

By signing below, each of the undersigned acknowledges that: (i) I have been provided a copy of the Medical Associates Clinic, P.C. PATIENT FINANCIAL RESPONSIBILITY STATEMENT; (ii) I have read, understand, and agree to their provisions and agree to the specified terms; (iii) I agree to pay all charges due (or to become due) to Medical Associates for the below Patient’s care and treatment, including copayments and deductibles, as required or provided pursuant to my insurance plan and/or the insurance plan of another, as applicable; (iv) benefits, if any, paid by a third-party will be credited on the Patient account; (v) regardless of my insurance status or absence of insurance coverage, I am ultimately responsible for the balance on the account for any services rendered; (vi) if I failed to make any of the payment for which I am responsible in a timely manner, I will be responsible for all costs of collecting the money owed, including court costs, collection agency fees, and attorneys’ fees (to the extent allowed by law); and (vii) failure to pay when due may subject me to late payment charges and can adversely affect my credit report.

I further agree that a photocopy of this Patient Responsibility Financial Statement shall be as valid as the original.

ONCE I HAVE SIGNED THIS AGREEMENT, WHETHER BY ORIGINAL, FACSIMILE OR ELECTRONIC (“.PDF”) SIGNATURE, I AGREE TO ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN AND THE AGREEMENT SHALL BE IN FULL FORCE AND EFFECT.

Patient/Responsibility Party/Guardian Signature

Date

Date of Birth

Witness