



Financial Policy

Thank you for choosing The Center for Specialized Surgery as your ambulatory surgery center – we value you as a patient. Below you will find our Financial Policy which we ask you to read in full prior to signing at the bottom. If you have any questions, please feel free to ask any of our staff members at the front desk.

Insured Patients

We emphasize that as a medical care provider, our relationship is with you, not your insurance company. As a courtesy, we will file your insurance claim for you. If your insurance company does not respond or pay within a reasonable length of time (60 days), you will be expected to follow-up with your insurance company. You are ultimately responsible for any charges your insurance does not pay.

Our facility participates in Medicare, Tricare, Staywell, Aetna, Blue Cross/ Blue Shield, Cigna, and Worker's Compensation and we accept all insurances with out-of-network benefits. As the insurance member, you have the right to request your surgery to be performed at an in-network facility.

All co-payments are due in full at the time of service. Co-payments not paid at the time service will be charged a \$10 rebilling fee. In addition, payment arrangements must be made for unmet deductibles and coinsurance (if applicable). You may be required to fill out a Credit Card Authorization Form to secure payment for unmet deductibles and coinsurance.

Once your insurance company determines payment for the bill, you will be sent an Explanation of Benefits. If there is a patient balance, you will be sent a statement that will require payment in full within 90 days. Some insurance companies may require a pre-certification/pre-authorization. We will gladly assist you in meeting these requirements when requested; however, the responsibility is ultimately yours to ensure that all requirements are complete prior to treatment. If pre-certification/pre-authorization is required, and not completed, you will be responsible for all denied charges.

If you have a Worker's Compensation claim, you must have authorization before services can be rendered. We must have a written denial from your work comp carrier before we can bill your medical health insurance.

Patients Without Insurance

For patients without insurance, or patients whose insurance cannot be verified, payment must be made in full prior to your procedure. If payment cannot be made in full, financing is available through Care Credit.

Patients who are Minors

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment.

Fees

If a balance remains after 60 days from patient responsibility, and you have not made payment arrangements, you will be assigned a pre-collection fee of \$25. If the balance remains outstanding after 90 days from patient responsibility, a collection fee of up to 25% of the outstanding balance may be assessed and the entire amount assigned to a collection agency. Your balance will need to be paid in full at our collection agency prior to receiving services in our center.

-Checks returned for non-sufficient funds will be charged \$30.00 service fee.

-From time to time, various forms including but not limited to disability and FMLA forms need to be filled out. There may be a \$15.00 service fee to complete these forms.

-For your convenience, we accept cash, check and all major credit cards. Financing is available through Care Credit.

-After reviewing the information contained on this form I understand I may be financially liable for out-of-pocket costs incurred by using an out-of-network facility.

Signature of Patient or Responsible Party if a Minor

Date