



## Financial Policy

We are very pleased that you have chosen us for your health care needs. In order for us to deliver the highest quality health care at the lowest cost, please understand that payment of your bill is an important part of your treatment. Outlined below, you will find our financial policy. We would welcome any comments or suggestions that you may have.

- **Private Pay** (Patients without insurance or deductibles and co-insurances):  
With the passing of the Affordable Care Act, all Americans are entitled to health insurance coverage with subsidies based on household income. Please visit [www.healthcare.gov](http://www.healthcare.gov)
  - **Payment is required at the time services are rendered unless other arrangements have been made in advance.** We accept VISA, MasterCard, Discover and Amex, cash and checks are always appropriate.
  - **Surgical procedures require prepayment 3 days prior to scheduling.**
  - **Patients with an outstanding balance of 90 days or more overdue must make arrangements prior to scheduling appointments.**
- **Insurance**  
  
It is the patient's responsibility to provide their current insurance card and or referral at the time of service. If you fail to provide your current insurance information, it may be necessary to reschedule your appointment. As a courtesy to you, we will file your claim to your insurance carrier.
  - Medicare  
We participate with Medicare and will send your claim to them and any other insurance after Medicare processes your claim.
  - Commercial  
If we do not hear from your insurance carrier within 45 days, you will be expected to pay the balance in full. **We also collect the equivalent amount to your copayment at each visit (including postoperative visits) as a deposit against your deductible or co-insurance.** If we receive payment from your insurance carrier after you make your personal payment, we will refund the money to you within 10 business days. **ALL COPAYMENTS ARE DUE AT THE TIME OF SERVICE.**
- **Elective/Bariatric(non-covered)/Non-Covered Procedures**  
The total amount for elective/bariatric (non-covered)/non-covered procedures is due 3 days prior to scheduling. This will be explained to you at the time of your consult.
- **Collection**  
In the event that your account is forwarded to our collections agency any courtesy adjustments will be reversed and the full balance will be addressed.
- **Disability/FMLA/Insurance Forms**  
Prepayment of \$10.00 is required before the forms will be completed, please allow 7-10 business days for them to be completed.

I have read and understand the Financial Policy of Surgical Associates P.C. I agree to assign insurance benefits to Surgical Associates P.C whenever necessary.

**Signature of Insured or authorized representative:** \_\_\_\_\_

Date: \_\_\_\_\_