PATIENT FINANCIAL POLICY FOR CFMIS /

SOUNDVIEW AMBULATORY SURGERY CENTER

Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our Office Manager.

- If you are not covered by insurance, payment for all office services are due at the time of service. All surgery charges are required in advance. We will accept Credit Card, cash or check.
- As our patient, you are responsible for referrals if needed to seek treatment in this office.
- We have made prior arrangements with certain insurers and other health plans to accept an assignment of benefits. We will bill those plans with which we have an agreement and may only require you to pay the copay/deductible and or the co-insurance at the time of service.
- Your insurance policy is a contract between you and your insurance company. As a courtesy, with your permission, we will file your claim for you if you assign the benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment. Therefore, it is important you have given us all the correct information in order to bill your claim correctly.
- If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means your insurer may send the payment directly to you. All charges will be due at time of service. As an out of network provider, you may be responsible for a higher balance.
- We will attempt to verify benefits for your services and request an authorization for surgery, however, you remain responsible for all charges for any services rendered. Patients are encouraged to contact their plans for clarification of benefits and or authorizations needed for surgery prior to service rendered.
- You must inform the office of all insurance changes and any secondary insurances to be billed. In the event the office is not informed, you will be responsible for any charges denied.
- For surgery provided in the hospital, we will bill your health plan for the doctor's service only. The hospital will bill separately for their facility. Any balance due is your responsibility.
- For services provided in our own Ambulatory Surgery Center, we will bill your health plan for both the Service and the Facility. You will be responsible for your remaining deductible or copay in advance. The co-insurance portion may be billed to you after your insurance company pays or denies. Anesthesia charges are not included and will be billed separately.
- Past due accounts are subject to collection proceedings. All costs incurred including, but not limited to, collection fees, attorney fees and court fees shall be your responsibility in addition to the balance due this office.
- A $30.00 - $50 fee may be added to your account for any cancellation not received within 24 hours of your scheduled appointment. There is a limit to cancellations and rescheduling of appointments or surgery dates.
- We require a fee for all paperwork requested by you to be paid before the services are rendered. We have 5 business days to complete that paper work.
- There is a service fee of $25 for all returned checks. Your insurance company does not cover this fee.

Patient or legally authorized individual signature Date

Printed name if signed on behalf of the patient Relationship