



Financial and Billing Policy

We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. Insurance.

We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each procedure. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each procedure is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-payments and Deductibles.

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each procedure.

3. Non-covered Services.

Please be aware that some — and perhaps all — of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of procedure.

4. Proof of Insurance.

All patients must complete our patient information form before seeing the practitioner. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.



5. Claims Submission.

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company. We are not party to that contract.

6. Coverage Changes.

If your insurance changes, please notify us before your next procedure so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

7. Non-payment.

If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our practitioners will only be able to treat you on an emergency basis.

8. Missed Appointments.

Our policy is to charge a fifty-dollar fee (\$50) for missed appointments not cancelled within 24 hours prior to your scheduled facility procedure. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

9. Insufficient Funds/Returned Checks.

Outpatient Surgery Center will pass along to the patient a \$50.00 NSF bank charge for all returned checks. This fee will be added to your account and is the patient's responsibility. The financial institution may charge additional fees to you directly.



During the registration process of each procedure, your statement or account balance will be reviewed with you by a financial counselor or registrar prior to services rendered. The final part of your registration process will be to review your financial obligations to ensure the accuracy of your bill. We will ask you to pay any co-payments, deductibles, and outstanding balances at this time. In addition, your registration process will include updating your demographic, insurance, and health information. This process will improve the quality of your patient information and how we care for you.

Being true to our Mission Statement, we will work collaboratively with patients who are under financial hardship to develop fair and reasonable payment plans. Financial hardship is determined by policy and is a formal process that must be a joint effort between a financial counselor and the patient. A patient, who has the ability to pay and has not been formally determined to be in financial hardship, is expected to pay at the time of service and maintain no outstanding balance.

Our policy states that any account balance remaining after insurance payments must be paid in full within 30 days of the first statement, unless specific arrangements are made ahead of time. All co-pays, deductibles, and previous account balances must be paid before additional services will be rendered.

Additionally, in order to further educate and inform our patients, we have developed a series of frequently asked questions (FAQ) with appropriate answers.

We are excited about the opportunity to provide you with very good care and service. If you have any questions or concerns, please call our Facility at (352) 504-3500 or reach us via the Patient Portal. Thank you for choosing Outpatient Surgery Center for your cardiology care. We look forward to serving you and helping you keep your lifestyle.

Sincerely;

Brock Kreienbrink
Administrator

A handwritten signature in black ink, appearing to read "Brock Kreienbrink", written over a light blue horizontal line.

Outpatient Surgery Center
5571 E SR 44 Suite 501
Wildwood, FL 34785



Frequently Asked Questions (FAQ) About Billing

Do you offer payment arrangements?

Yes, payment arrangements may be made by contacting Outpatient Surgery Center's patient billing department at 352-643-9080 ext 5.

What are my payment options?

All standard forms of payment are accepted, including cash, check, and major credit cards. To pay by credit card over the phone, please call our patient billing department at 352-643-9080 ext 5. You may also pay in cash at the facility or mail your payment to the payment address listed on the patient statement.

Why do I receive separate bills from the hospital and from the physician?

When a physician specialist performs these services, he/she is generally required to submit their bill separately from the Outpatient Surgery Center's bill.

For example, if you went to the emergency room and had an x-ray and laboratory tests, you may receive a bill from the hospital for technical resources, a bill from the emergency room physician for professional services, a bill from the radiologist for interpreting any x-rays, and a bill from the pathologist for analyzing any specimens taken.

I see the same item listed on the physician's bill and the hospital bill. Why?

Every surgery center visit involves both physician and surgery center resources. Although the surgery and the provider may use the same language to describe each charge, their bills are for separate services. The physician's bill will be for professional assessment, direction and oversight. The Outpatient Surgery Center's bill will be for the technical resources, including procedures and equipment, medications and supplies.

Will you bill my primary and secondary insurance carriers?

Yes, as a courtesy to our patients, Outpatient Surgery Center will submit the bill to your insurance carrier. If you have a secondary insurance company, a claim will be sent to the secondary insurance company after the primary insurance company paid. You are requested to supply the pertinent billing information that the insurer may require.



Why did my insurance pay only a part of my bill?

Most insurance plans require that you pay a co-payment, co-insurance or deductible for your health care expenses. Contact your insurance company for specific information about your coverage.

Why did I receive a bill if I have insurance coverage?

You will receive a patient responsibility statement after your insurance processes our bill. The amount you are billed for is based on what your insurance communicates to us on an Explanation of Benefits (EOB). The EOB details how your insurance processed our bill and calculated your responsibility based on your individual insurance plan. If you believe your responsibility is not correct, please contact your insurer directly. (See the list of insurers that the Outpatient Surgery Center accepts, more information, and insurance links.)

My insurance should have paid my bill, what should I do?

Please verify that your insurance carrier has received and processed the claim. If the claim has not been processed, then carefully review your insurance policy or contact your insurance carrier to determine if the services and procedures are covered. Your insurance carrier will have the most accurate and up-to-date information about your policy and your claim. If your insurance company has questions, please direct them to contact the billing department to verify that the most up-to-date insurance information is on file.

Why am I getting a bill now, when services were provided so long ago?

Outpatient Surgery Center will process and send a bill to a patient after payment is received from the insurance carrier and it is confirmed that the balance is owed by the patient. The length of this process depends on how long it takes to receive a response from your insurance carrier, and whether there is secondary insurance.

Already paid?

Payments received after the statement date will appear on your next statement.



Is there any help available if I am experiencing a financial or medical hardship?

Yes, please contact the Outpatient Surgery Center's patient billing department at 352-643-9080 ext 5.

Does Outpatient Surgery Center accept assignment from Medicare?

Yes, we do. By accepting assignment, Main Line Health agrees not to bill the patient for any charges Medicare disallows. However, we do bill patients for deductibles, co-insurance and non-covered services. There are instances when Medicare may not cover certain procedures or frequency of treatment. If that applies, you will be given the Advance Beneficiary Notice (ABN). The purpose of the ABN form is to let you know in advance that certain services may not be covered and to advise that you may be responsible for payment of these charges. An ABN gives you the option to accept or refuse the items or services in cases where Medicare denies payment.

For more information about your Medicare coverage, please contact the Medicare Beneficiary Office at 800-633-4227 or medicare.gov.

What does "in-network" and "out-of-network" mean?

If you receive your health care services from a hospital, physician or other health provider that participates in your health plan, they are considered "in-network." Hospitals, physicians or other health care providers who do not participate in your health plan may be referred to as "out-of-network." You may have a higher co-insurance and/or co-pay for out-of-network services. In some cases, out-of-network services are denied totally.

What should I do when my insurance carrier has changed?

When you experience any changes regarding your health insurance you should advise the Outpatient Surgery Center registrar at the time of service.