SURGICAL CARE ASSOCIATES, PSC
Patient Responsibilities and Collection Policies

We welcome you into our practice and thank you for placing your trust in our physicians. We have certain rules that we ask you to follow if you agree to see us as we perform a service for you. We have to follow certain rules and regulations per insurance companies and state and federal laws.

We see patients from all insurance companies and private pay patients. If your insurance company is not one that we participate with, you may have a higher co-insurance and deductible. There are some insurance policies that do not have out-of-network coverage and will not pay at all. We will work with you for any remaining or noncovered balances but we expect compensation for services performed. Co-payments are due at the time of service per your contract with your insurance company. Legally we are not allowed to waive these charges. Current fraud and abuse laws governing federal, state and third party payer contracts mandates that we cannot grant financial courtesy discounts without documented proof of financial hardship.   We will bill your insurance and when payment is received from them, we will send you a bill for your co-insurance and deductibles. If your insurance is slow in paying, you will receive a bill to prompt you to contact your insurance regarding payments. If you do not have insurance or a copy of your card, we will require a deposit and/or payment in full for the visit. Payment is due upon receipt of your bill.

PATIENT RESPONSIBILITIES

1.   We need current, correct and up-to-date information: name, address, telephone number and current insurance information and a current signature on file authorizing us to release information.
2.   Referrals are the responsibility of the patient.
3.   Read your benefit booklet from you insurance company and be aware of what coverage your insurance provides. Be aware of the preferred lab, hospital or specialists that are covered by your policy. This is not the responsibility of your physician's office.
4.   Contact your insurance to verify your benefits, your physician's participation, and in the case of scheduled procedures, for referral or precertification requirements.
5.   There are occasions in which an outside provider may be required for your medical care, i.e. an assistant surgeon. We try to schedule our physicians to assist each other but sometimes circumstances prevent this. The outside provider may or may not participate with your insurance. When a bill is received from an outside provider, you need to contact that provider with billing inquires.
6.   An office visit to schedule a screening procedure is typically not covered by Medicare and may or may not be covered by other insurance. Our charge for these office visits are minimal and are payable by the patient. The procedure itself is usually covered but you should verify this with your insurance company.

COLLECTIONS

Co-pays are due at the time of service for compliance with your insurance company. We will file your insurance for you provided you have given us accurate information and a copy of your card. After payment from the insurance company you will be responsible for deductibles and co-insurance per your insurance contract. If no payment is received or you have not contacted our office in three months, we will place your account in our collection department. If we still do not get response from you, we may at that time turn your account over to an outside collection agency which will affect your credit rating.

PRIVACY POLICY

The privacy of your medical records will be maintained within this practice per HIPAA guidelines. There is a separate privacy policy that you should have been given and which is posted in our office. Please read this policy and ask any questions you may have about this policy. By signing this form, you acknowledge that a copy of this policy was made available to you.

I accept full responsibility for my account and agree to make payment for services rendered to keep my credit in good standing.

_____   _____
Signature   Date