

Insurance and Billing

Allied Physicians Surgery Center believes that a good facility / patient relationship is based upon understanding and communication. We are providing the following information to avoid any misunderstanding concerning payment for our facility services.

INSURANCE INFORMATION

Your insurance policy is a contract between you and your insurance carrier. As a courtesy, Allied Physicians Surgery Center will verify your benefits and file your insurance claim for you. Contact your insurance carrier prior to your surgery date with specific questions about your policy coverage.

After insurance verification, a member of our team will contact you to provide an *estimate* of your financial responsibilities. We work hard to provide you an accurate calculation; however, the final amount is subject to change based on various factors outside of our control.

For your protection, we require a photo ID and current insurance or Medicare cards for every visit to our facility.

CO-PAYS

Co-pays must be paid prior to or at the time of registration. The amount is determined by your insurance contract, payable by the patient each time medical service is provided.

DEDUCTIBLES AND/OR CO-INSURANCE

Deductibles are the amount you pay for covered health care services before your insurance carrier begins paying. We will request a portion of your remaining *deductible* prior to or at time of registration.

Co-insurance is a percentage of costs of a covered health care service you pay after you have satisfied your deductible. We will request a portion of your remaining *co-insurance* prior to or at time of registration.

OUT-OF-POCKET COSTS

This amount represents the most you have to pay for *covered* services in a plan year. Most times this amount includes your co-pays, deductibles, and co-insurance. This amount does not include any service that is not *covered*.

ADVANCE BENEFICIARY NOTICE (ABN)

We provide an ABN, also known as a waiver of liability, to allow you to make an informed decision about whether to proceed with a service that we believe your insurance carrier might not pay.

Examples of when an insurance carrier might not pay include, but are not limited to, procedures deemed experimental and investigational; lack of medical necessity; or procedures not indicated for diagnosis and/or treatment.

We will ask you to choose an option box and sign the notice to acknowledge that you have read and understand the notice. You must choose one of three options:

Option 1 – you want the surgical procedure/implant and want your insurance carrier billed. We may ask for payment at the time of service, ***and*** will bill your insurance carrier for an official decision. If your insurance carrier does not pay, you are responsible, but can appeal the decision directly to your insurance carrier (using instructions provided on the determination form).

In the event the insurance carrier pays, if applicable, we will issue a refund after applying any patient responsibility amount due.

Option 2 – you want to have the surgical procedure/implant but **don't** want us to bill your insurance carrier. We will ask for payment at time of service. You cannot appeal your insurance carrier and are responsible for payment of the procedure/implant.

Option 3 – you don't want the procedure/implant. The procedure/implant will not be performed or used and you are not responsible for any payment.

PRECERTIFICATION AND AUTHORIZATION

Some insurance providers may require preauthorization and/or precertification for your procedure. It is the responsibility of your physician's office to obtain this if necessary. Please contact their office for confirmation.

FACILITY FEE

Fees charged by the Surgery Center are in addition to your surgeon, anesthesia provider, and any other third-party provider fees.

PAYMENT METHODS

We accept cash, checks, major credit cards, and CareCredit. You can pay your bill with a credit card in the "Pay My Bill" section.

If you would like to pay with your CareCredit credit card, you can do so at carecredit.com/pay.