POLICY:

The Center is committed to providing high quality medical care in a cost-effective manner. In order to accomplish this, we depend on prompt payment for the services provided.

PURPOSE:

To provide an increase in accuracy and transparency around patient financial responsibility prior to surgery.

PROCEDURE:

Verification of insurance coverage and benefits:

Verification of insurance coverage and benefits will be completed for patients scheduled in the ASC. During this process the patient's coverage and benefits will be confirmed.

- Verification of coverage and benefits will be performed prior to the date of service, where possible.
- When contacting the carrier, the surgery center employee will identify themselves and inform the carrier that they are behalf of a Medicare certified, free standing Ambulatory Surgery Center.
- All procedures which are scheduled 1-2 days prior to the date of service will be verified immediately.
- Patients will be provided with information regarding their estimate via telephone.
- Patients will be provided with information regarding their estimate in writing if they request written communication.
- Information regarding financial estimate will be provided to the patient at least 3 days prior to the date of surgery.

Communication with patients:

- The center employee will explain that the patient's insurance carrier was contacted to verify their coverage and benefits and that the patient's liability has been estimated based on the information available.
- The patient will be advised their financial obligations may change during the course of a procedure and that the quote is an estimate.
- The patient will be advised to pay his/her portion on the date of service.
- The patient will also be advised the center accepts the following methods of payment, cash, check, credit card.
- The patient will be advised there are payment options available to the patient if they are needed.