

# FINANCIAL POLICY

Thank you for choosing Austin Surgeons. We are committed to providing the best possible care and service for our patients. Part of this process is understanding what your treatment will cost, and how much of that cost is your responsibility. This Policy will help you understand your financial responsibilities.

**Please carefully read and sign this Financial Policy prior to your appointment.** Payment is due at the time of service. For your convenience we accept cash, checks and major credit cards.

Austin Surgeons will only bill for and collect the **surgeon's fee** for performing surgery. Any fees for the hospital or surgery center, the anesthesiologist, the pathology lab, radiology, etc. are separate and will be handled by those providers. Please contact the appropriate provider if you have questions related to their fees.

### Health Insurance Plans

- Austin Surgeons participates in many health insurance plans. If you have health insurance under one of these plans, we will file a claim with the plan. If you are responsible for a portion of the payment (deductible, co-pay or co-insurance), that amount will be due at the time of service. The amount you owe depends on your agreement with your health insurance plan. Please check your plan documents if you have any questions regarding coverage of services.
- If Austin Surgeons **does not** participate in your health insurance plan, you will be responsible for full payment at the time of service. You will also be responsible for filing any claims with your insurance plan.
- Please note: if you **only** have Medicare PART B, you are responsible for your deductible and 20% of charges at the time of service.

### Referrals

 If your insurance requires a referral from your primary care physician (PCP), it is your responsibility to assure that your PCP sends the referral to our office prior to your appointment. If we do not have a required referral, payment in full will be due at the time of service.

# **Payment for Surgery**

- If you have health insurance, you may be responsible for a portion of the cost of your surgery. This will depend on your agreement with your health insurance plan and may include your deductible, co-pay, or coinsurance. Prior to scheduling your surgery, our Medical Assistant (M.A.) will provide an estimate of the amount you owe. This amount is due when you schedule your surgery.
- If you do not have health insurance (self-pay), you are responsible for the cost of your surgery. You may be eligible for a discounted rate when payment is made in full prior to surgery.
- Any cancellation of a scheduled surgery must be made at least 3 business days prior to the surgery. If you cancel surgery (including "no-show") within 3 business days of your surgery, you will be charged a \$200 service fee which will not be covered by your insurance plan.
- Some surgeries require the presence of an assistant surgeon or a licensed surgical assistant to conduct the operation. In some cases, your insurance may cover the assistant's fee. In other cases, the assistant's fee may be your responsibility.

# **Additional Information**

- A \$35 fee will be charged for all returned checks.
- If you cancel your office visit appointment (including "no-show") within 24 hours of your appointment date, you will be charged a \$35 service fee.
- Balances older than 90 days may be subject to collection proceedings and fees.
- If you have a credit on your account, the amount of the credit will be refunded to you after all claims have been finalized.
- You may request a copy of this financial policy or an itemized statement of your account at any time.

I understand and accept this Financial Policy

#### Printed Name

Signature