

## Tower Clock Surgery Center Patient Financial Policy

Thank you for choosing Tower Clock Surgery Center as your healthcare provider. We offer the following information to help you understand our financial policies and aid you in planning for payment. Your clear understanding of our policy is important to our professional relationship. Carefully review the following information and please feel free to ask if you have any questions about our fees, our policies, or your responsibilities.

**Insurance:** Your insurance policy is a contract between you and your insurance company. As a courtesy, we will help you receive maximum benefits by promptly filing your claim and supplying information as required by the insurance company for claim processing. In order for your claim to be filed in a timely manner we require that you provide patient and insurance information at each visit. Please remember to bring your current insurance cards and a photo ID with you to each appointment.

If your insurance company contacts you for information or completion of a form, please respond immediately. Your untimely response could cause delay or a denial of your claim. If the insurance company doesn't pay within 90 days, you may be held responsible for a timely payment of your account. Tower Clock Surgery Center will not become involved in disputes between you and your insurance company.

If your insurance carrier reimburses you directly for our services, we expect you to send or bring the signed insurance check and Explanation of Benefits to Tower Clock Surgery Center within 7 days. If the surgery center has not received the full amount of the insurance check within 30 days, your account could be sent for collection action.

**Copayments:** A copayment, or copay, is a capped contribution paid by the patient each time a medical service is rendered. Copayments are typically collected for office visits. Because Tower Clock Surgery Center does not provide office visits, copayments will not be collected during admission.

**Deductibles:** Your deductible is the amount you have to pay out-of-pocket for services before your insurance company will begin to pay. If you have a high deductible plan, be prepared to pay for a portion of your services on the date of service. After your insurance has paid, any remaining patient responsibility will be billed to you. If our original estimate was too high, you will be refunded your overpayment once all insurance payments have been received.

**Coinsurances:** Coinsurance is a co-sharing agreement between you and your insurance company which provides that your insurance will cover a set percentage of the covered costs after the deductible has been met. Because we will not know your patient responsibility until your insurance has been billed, there will be no collection of coinsurances prior to surgery.

**Method of Payments:** For your convenience Tower Clock Surgery Center accepts cash (US dollars), local personal checks, cashier's check/money order, debit cards, Visa, and MasterCard.

**Payment Arrangements:** Full payment is expected after one billing statement has been received by the patient. If the patient is unable to pay their bill in full, payment arrangements must be made by calling Tower Clock Surgery Center at (920) 497-1810. The surgery center does not routinely offer payment plans longer than 6 months; payment plans longer than 6 months will need to be approved. Tower Clock Surgery Center will not deny anyone service because of their inability to pay on the date of service. If you're having financial difficulty, our business office will work with you to get your account paid. It is your responsibility to inform us of any such concerns upon receipt of your first billing statement.

**Medicare Patients:** The surgery center accepts Medicare patients.

**Self-Pay Accounts:** Patient's that are not covered by insurance are expected to pay the surgical charges in full on or before the date of service. If you're unable to make payment in full, please call the billing office prior to your surgery to discuss financial arrangements.

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**Worker's Compensation:** If you're having a procedure/surgery because of a work related injury, the surgery center will need your employer's worker's compensation insurance and your personal health insurance information. Your employer should supply you the name and phone number of the worker's compensation insurance, a contact person and claim number for your surgical visit. This information is needed so the surgery center can obtain prior approval from your worker's compensation carrier for your services. Worker's compensation claims denied by the carrier will become your responsibility.

**Collection of Unpaid Accounts:** If your account becomes delinquent it will be turned over to a collection agency. A delinquent account is an account that has had no payments in 60 days, sporadic payments, or nonpayment

**Collection Agency Placement Policy:** You are financially responsible for the timely payment of your outstanding bill per our payment policies. In the event we seek legal action for collection on your account, you will also be responsible for any and all fees associated with court costs, garnishments, and/or attorney fees.

**Separate Billing Disclosure:** You will receive a separate bill from Tower Clock Eye Center, this bill is for professional services at the surgery center, and this is known as the professional or physician fee. In addition, if you have anesthesia, the contracted anesthesia group (Nurse Anesthesia Professional Services) will bill you for their services, this is known as the anesthesia fee. If your physician orders pathology and/or lab work, the lab will bill you directly for their services. You will receive a bill from Tower Clock Surgery Center; this is known as the facility fee.

**Advance Notice Patient Attestation**

**Advance Directives:** I understand that even though the physicians and staff of Tower Clock Surgery Center respect my rights to participate in decisions regarding my health care, the policy of the surgery center is that all patients undergoing surgical procedures will be considered eligible and will receive life sustaining emergency treatment. Advance Directive information is available upon request.

**Patient Rights:** A copy of the Patient's Rights and Responsibilities and Grievance Procedure has been provided to you prior to the date of your initial procedure at this center.

**Disclosure of Ownership:** I have been informed by Tower Clock Surgery Center that the physician who is rendering services may have ownership interest in the facility. I wish to be treated by Tower Clock Surgery Center.

**Assignment of Benefits:** I hereby assign benefits to be paid, on my behalf, to Tower Clock Surgery Center who rendered services to me.

**Authorization for Release of Information:** I, the undersigned, authorize Tower Clock Surgery Center to release all or part of my medical record when required for the submission of insurance claims or the operations of the center. The center, its agents and employees are hereby released from any and all liability of any nature that may arise from the release of such information.

**Certification:** I certify that the information given with regard to insurance coverage is correct. The undersigned certifies that he/she has read and understands the foregoing and fully accepts the terms specified above.

X \_\_\_\_\_  
Signature of Patient/ Guardian

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Witness (TCSC Staff)

X \_\_\_\_\_  
Date