

PACIFIC SURGERY CENTER
FINANCIAL-BILLING POLICY
IMPORTANT INFORMATION

Pacific Surgery Center is providing this information to explain our financial and billing policy. We will provide medical services for you with the understanding that you have agreed to these terms. We appreciate your assistance in reducing the overall costs of your medical care by cooperating with these policies.

INSURANCE CLAIMS

Your medical insurance policy is a contract between you and your insurance carrier and Pacific Surgery Center is not a party to that contract. As a result, your coverage and responsibilities are determined by your policy and you are responsible for understanding and following their required procedures. On your behalf, Pacific Surgery Center will submit all claims for our services to your primary and secondary insurance providers. It is your responsibility to provide us with sufficient, accurate and up-to-date insurance information. If your insurance company does not submit payment, you are liable for your account balance and we will request immediate payment from you. It is your responsibility to contact your insurance company with any questions and to respond to any inquiries from them in a timely manner regarding your condition or procedure. In some instances, even though Pacific Surgery Center files the claim on your behalf, your insurance company may send Pacific Surgery Center's payment directly to you. If you receive a payment directly from the insurance company, you hereby agree to immediately forward the payment to Pacific Surgery Center.

PRIOR AUTHORIZATIONS AND PRECERTIFICATION

If your medical insurance plan requires you to have a prior authorization or pre-certification to be on file for a procedure, this should be obtained before your scheduled appointment. IF WE DO NOT HAVE THE REQUIRED PRIOR AUTHORIZATION OR PRECERTIFICATION, YOU WILL BE FULLY RESPONSIBLE FOR PAYMENT OF SERVICES RENDERED AT PACIFIC SURGERY CENTER. Pacific Surgery Center makes every attempt to follow-up with your physician's office to see that authorizations are obtained prior to the surgery; however, the authorization must be obtained by the performing physician.

RELEASE OF INFORMATION

Pacific Surgery Center may release your personal information to your insurer or other entity responsible for determining coverage and claim payment without any further written consent.

AMOUNTS NOT PAID BY INSURANCE

All co-payments and deductible amounts not yet met in this calendar year and/or estimated co-insurance balances are due on the day of surgery, providing Pacific Surgery Center's contract with your medical insurance carrier provides for collection at the time of service. Similarly, if you have no medical insurance, choose not to use your benefits, or request a service that is not covered by your insurance policy, or incur any other amount

that may not be covered by insurance, we request that payment for our services be made in full at the time services are rendered, unless prior payment arrangements have been made.

PAYMENT RESPONSIBILITY

After your insurance has been billed, you remain responsible for payment of the entire balance. When a balance remains we will send you a statement, which is due upon receipt. For your convenience we accept payment by Visa, MasterCard, and Discover.

In the event it should be necessary to refer the account to any attorney or collection agency for collection; I hereby agree to pay reasonable attorney's fees and /or collection expenses.

Pacific Surgery Center's fee does NOT include charges from the surgeon(s), anesthesia provider(s), or any lab or pathology services.

MINORS

A parent or legal guardian must accompany a minor and consent to treatment, unless otherwise stipulated by law. Parents or legal guardians must comply with the terms of this billing policy. If the parents of a minor are separated/divorced, Pacific Surgery Center has the right to require legal documentation determining which parent is financially responsible for paying the child's medical expenses or responsibility for determining the child's medical care needs. The parent or guardian that accompanies the minor to the surgery center will be held responsible for payment of services should any dispute over payment arise.

PLEASE PROVIDE COMPLETE INFORMATION

If any of your billing or insurance information has changed, you need to notify our Billing Office of the updated information as soon as possible. You are responsible for keeping us informed of any insurance or address changes and failure to do so may result in your responsibility for any balance due. Pacific Surgery Center will not be responsible for any errors or lack of coverage or payment due as a result of missing or incomplete information.

THE UNDERSIGNED CERTIFIES THAT HE / SHE HAS READ THE BILLING POLICY AND RECEIVED A COPY (IF REQUESTED) OF THE FOREGOING, AND ACCEPTS ALL THE TERMS AND CONDITIONS STATED ABOVE. In the event Patient is a minor, the undersigned guarantees the performance of all covenants of the above Agreement on behalf of the Patient. Our Billing Office is available to assist you with any questions regarding this agreement. You may reach us at 360-626-5260.

Patient or Authorized Representative

Date

Relationship to Patient