

First State Surgery Center Financial Policy

Thank you for choosing First State Surgery Center as your orthopedic care provider. We are committed to providing you with the highest quality care at a reasonable cost. Acknowledgement and understanding of our Financial Policy must be signed prior to treating with our providers. Your clear understanding of our Financial Policy is important to our professional relationship as it may avoid unnecessary billing issues that may happen as a result of incorrect insurance information and misunderstanding. Please ask if you have any questions at all.

INSURANCE: First State Surgery Center will file claims to your insurance company. It is the responsibility of the patient to know what your coverage, benefits, and eligibility is. Your insurance carrier makes the final determination regarding eligibility and coverage. You agree to pay any portion not covered by your insurance (this excludes contractual adjustments). Insurance changes must be brought to our attention immediately as the patient will be responsible for all charges not paid as a result of change in insurance coverage. Should your insurance carrier deny your claim, this will also serve as authorization to appeal on your behalf.

SELF-PAY PATIENTS: All Self-Pay patients and patients who present without proof of insurance are required to pay for their services on the day of visit. Payment plans may be made and a separate agreement will be provided.

FORMS OF PAYMENT: We accept Cash, Checks, Visa, MasterCard, Discover, American Express.

CO-PAYMENTS: If your coverage requires patient co-pay, we are obligated by your insurance carrier to collect this at the time of service. Failure to collect co-pays puts both the patient and First State Surgery Center in default of the insurance contract. Please be prepared to pay the co-pay at each visit. **Without it, you may be required to reschedule.** Chronic non-payment may constitute dismissal from the practice. Some insurance carriers impose more than one co-pay for each visit, e.g. co-pay for an office visit plus co-pay for an x-ray. We may not be aware of your insurance carrier's multiple co-pay policy, and therefore, may bill you for any uncollected co-pay at a later time based on the Explanation of Benefits from your insurance.

DEDUCTIBLES/CO INSURANCE: If your coverage includes a patient deductible and or co insurance, you will be required to pay a portion prior to any surgery and or procedures. You will receive a call from our Patient Accounts Department with the estimated amount owed. We require a 50% deposit of the deductible and or coinsurance. **If you are unable to make this payment, your surgery/procedure may have to be postponed until a deposit is made.** FSSC will still send the completed charges to your insurance carrier for complete processing. We will refund any overpayments. Your actual out-of-pocket costs will depend on your eligibility, how much of your annual deductible has been met when the claim is received, the actual services received, the procedure codes submitted by us, your cost-sharing requirements (deductible, coinsurance), or other variables that may impact the cost of services, including a need for additional or different services than originally expected or unanticipated complications. If you have not received a call from FSO/FSSC, feel free to contact us at 302-731-2889.

NON-PARTICIPATING INSURANCE PLANS or "OUT OF NETWORK": You must also be aware of your own insurance benefit. When in doubt, contact your insurance company directly for clarification. You are responsible for care not covered by your out-of-network insurance plan, and will be required to sign a separate out of network agreement. Patients, treated by any physician, physician assistant or nurse practitioner at First State Surgery Center who do not participate in your insurance plan, are directly responsible for the charges which may not be reimbursed by insurance. We cannot waive copayments, deductibles, coinsurance or other amounts that you responsible to pay under your health plan. If you have a secondary insurance, or a supplemental accident insurance policy is involved (such as school accident insurance), your secondary insurance coverage will be billed and will most likely further reduce your estimated patient liability or out of pocket expenses.

NO-FAULT/WORKERS COMP CASES: Patients must report the complete circumstances of the motor vehicle accident or Workers Compensation incident to the scheduling staff at the time the appointment is made. Patient must also complete the appropriate form indicating the date of injury, claim number, insurance company name and address, phone #, employers name, date of injury, state location and contact person's name prior to receiving services. We must verify your insurance claim is open and active for the injury you are being treated for prior to services being started. If the insurance denies the claim and you have private health insurance, it must be billed. If you have legal representation you must provide their contact information. Once the patient decides to bill their health insurance, we will not hold balances. FSSC will follow your health insurance rules. Co pays and deductible will be payable at times of service.

ACCIDENT/SLIP AND FALL/SCHOOL INJURY/SPORTS LEAGUE CASES: Patients shall be financially responsible for medical services related to slip and fall, accidents, and school injury or sports league cases. Patients must report the circumstances to the front desk staff and complete the appropriate form indicating the date of injury, claim number, insurance company name and address, phone number, and contact person's name prior to receiving services. If the insurance denies the claim and you have private health

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insurance, it must be billed. For school or sports league injuries, the patient's private insurance must be billed as primary, except for Medicaid policies. Therefore, private health insurance information must also be provided before services are rendered. If the carrier does not pay, the patient is responsible for provider's full charges. Liens will not be accepted.

FRACTURE CARE/INJECTIONS/ASPIRATIONS: Some insurance companies require that fracture care and injection/aspiration billing be performed on a "global" basis. This means that for a pre-determined amount of time, anywhere from 10-90 days, most professional services related to the fracture care or injection/aspiration, are classified by insurance carriers as "surgery", and are included in the initial service. X-rays, injections, aspirations, unplanned casting/splinting, and supplies, **are not included within the global fee and are billed separately and any applicable patient out-of-pocket expense including copays and deductibles will be due.** Please note that some insurance companies require each visit to be billed separately rather than global billing. Injections, aspirations and fracture care are all procedures listed as "surgical" for billing purposes by insurance companies. Although these services may be provided in the office or emergency room, they may appear on your explanation of benefits as "surgical".

CHILD CUSTODY CASES and SECOND PARTY INSURANCE: In the case of divorce or separation, the parent authorizing treatment for child/children will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect reimbursement from the other parent.

MINORS: Unless he/she satisfies a special case under Delaware law that allows him/her to consent to his/her own health care, a minor patient under the age of 18 **MUST** be accompanied by a person authorized to consent to medical treatment on behalf of the minor. A parent or legal guardian **SHOULD** accompany the minor for all services.

NO-SHOW APPOINTMENTS: Missed appointments or No-Shows represent a cost to us, you and to other patients who could have been seen in the time set aside for you. There is a \$25 fee for any broken appointments not cancelled within 24 hours.

RETURNED CHECK FEES: Any returned check from the bank for non-payment or insufficient funds shall result in the patient's account being assessed a \$30.00 fee per check returned.

OUTSTANDING BALANCES: If you have any outstanding self-pay or insurance designated outstanding balances for co-pays, deductibles and other unpaid out-of-pocket expenses, you will be asked to remit payment at your next visit or you may be required to reschedule your appointment. Chronic non-payment of bills can constitute separation from the practice.

COLLECTIONS: If your balance is not paid within 90 days, the account may be forwarded to our collection agency, in addition to the uncollected balance you will be required to pay any fees associated with collections, including interest and court costs.

MEDICAL RECORDS: Written authorization for release of your medical records is required. Once a medical record authorization request is received, we will send the patient a bill for the copying and mailing of the records prior to releasing records. The law allows up to 30 days to process all medical record requests, however, requests are processed as soon as they are received and usually do not take more than 10-14 business days.

I hereby authorize and direct payment to First State Surgery Center, for surgical and /or medical benefits, if any otherwise payable to me under the terms of any applicable insurance.

I have read the Financial Policies of First State Surgery Center and agree to comply with the Financial Polices. In addition, First State Surgery Center has my permission to provide medical documentation in order to obtain reimbursement or appeal on my behalf.

Patient/Parent/Legal Guardian/Surrogate Signature

Date

MEDICARE SIGNATURE ON FILE

I request that payment of authorized Medicare benefits be made on my behalf for any services furnished by or in First State Surgery Center, LLC including physician services. I authorize any holder of medical or other information about me to release to the Centers for Medicare and Medicaid Services and its agents any information required to determine benefits or benefits for related services.

Patient/Parent/Legal Guardian/Surrogate Signature

Date