

NOTICE to all patients:

Effective April 1, 2015 Frederick Surgical Center has implemented a policy requiring a credit card to be held on file. Please read further for more information.

Hard copy available upon request.



Frederick
Surgical Center
Skilled hands. Warm hearts.

PATEINT INFORMATION RE: FINANCIAL POLICY

To our Patients:

As a courtesy, Frederick Surgical Center verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan, if your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received.

It is the policy of Frederick Surgical Center that payment is due at the time of service unless other financial arrangements are made in advance. We require all patients to pay their deductible, copay and/or coinsurance payment at the beginning of each visit. The center makes every attempt to reach you prior to your procedure to explain this information to you. At the conclusion of your visits with us you may be billed for any outstanding balances. If there is a credit, you will be provided a refund promptly.

If you are covered by health insurance with outpatient surgical benefits, we will be happy to bill your insurance. Please provide your insurance information to the front office staff and we will verify your coverage as a courtesy. Accepting your insurance does not place all financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan. If your account goes into default at the center due to non payment, Frederick Surgical Center may send your account to an outside collection agency. In doing so, a processing fee charged by the collection company of 35% of your remaining balance will be added to your account.

Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our center by your surgeon does not necessarily guarantee that your insurance will cover our services. Please remember that you are 100 percent responsible for all charges incurred: your physician's referral and our verification of your insurance benefits are not a guarantee of payment.

We highly recommend you also contact your insurance carrier and check into your coverage for outpatient surgery.

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PATEINT INFORMATION RE: CREDIT CARD ON FILE POLICY

Frederick Surgical Center has implemented a policy requiring a credit card to be held on file. As you may be aware, the current health market has resulted in insurance policies increasingly transferring costs to you, the insured. Some insurance plans require deductibles and co-payments in amount not known to you or us at the time of your visit. We need to ensure that we have guarantee of payment on file in our center.

Frederick Surgical Center utilizes a secure web based credit card payment solution to store your secure information. Your credit card information is stored in a compliant site which meets the payment card industry data security standards. Keeping the patient's card offsite, in an encrypted payment gateway enhances security because there are less people involved in the process that can invite fraud.

You will receive a statement from your insurance carrier that explains how much of your surgery/procedure they paid and how much you as the patient are responsible for to the center. This is called an Explanation of Benefits or EOB. This letter explains, according to your health insurance coverage, how much of your health care bill is your responsibility and how much is the responsibility of your insurance to pay.

Once we receive the Explanation of Benefits or EOB from your insurance carrier, any remaining balance up to \$300 will be charged to your credit card. If your balance is over \$300 the center will process any additional payments 1 month or 30 days later; again not exceeding \$300/month. This will continue monthly until your balance is paid in full. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

If you have any questions about this payment method, do not hesitate to ask.

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I (we), _____, authorize and request Frederick Surgical Center, LLC to charge my credit card for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me by Frederick Surgical Center, LLC.

If the credit card account should become inactive, or if my card has reached its credit maximum, I agree to notify Frederick Surgical Center, LLC immediately and will also authorize Frederick Surgical Center, LLC to charge such balances and future balances to another credit card to be maintained on file.

This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60 day notification to Frederick Surgical Center, LLC in writing and the account must be in good standing.

_____ I acknowledge I have reviewed both the financial policy and the credit card on file policy. I understand both and all my questions, if any have been answered.

_____ I understand that if my account goes into default at the center due to non payment, Frederick Surgical Center may send my account to an outside collection agency. In doing so, a processing fee charged by the collection company of 35% of my remaining balance will be added to my account.

_____ I understand the surgery center's credit card on file policy and below is my decision to either provide the credit card or decline to provide:

_____ Accept _____ Decline

Cardholders Name Printed (if different than patient): _____

Cardholders mailing address zip code: _____

Signature: _____ Date: _____

Email address for receipt: _____

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