GOLDEN RIDGE
Surgery Center

Insurance and Billing Information
&
Financial Policies

We appreciate your decision to use our facility and engage in cost-effective health care. We know that health care billing and insurance can be confusing. Please take a moment to review this information should you have questions regarding our billing practices for your procedure.

Charges & Billing

- Charges are generated by the center for services and products used during your procedure. This is referred to as a "facility fee", which includes nursing care, use of our facility, equipment and uncharged supplies provided during your visit. These charges are billed to your insurance provider/s or to you if you are paying for the procedure as "self-pay".
- An estimate of the charges will be provided prior to the procedure and upon your request. This is only an estimate based on the procedure your physician schedules and may change depending on the actual procedures performed and supplies used during your procedure.
- You can expect separate billing from the various providers of your care associated with this visit. The common providers and services include the surgeon, anesthesiologist, surgical assistant, durable medical equipment provider (braces, splints, cold fluid therapy), pathologist, laboratory, cardiology and radiology. The need for these additional services is determined by your physician.

Insurance Process

Our center maintains a number of contracts with insurance companies that discount services provided at our center. Many insurance companies require a patient portion of the financial responsibility in the form of copayments (out of pocket service fees determined by your insurance plan), deductibles (annual payment responsibility of all medical services received by the beneficiary) and coinsurance (payment percentage of services determined by your insurance plan, e.g. 80/20 or 90/10 payment structure). Please keep in mind that all patient portion calculations are made based on the contracted amount between our center and your insurance provider and not on our actual charges.

Your physician's office will conduct the procedural pre-authorization with your insurance provider. Questions of that nature should be submitted to those parties. As a courtesy, we will verify your eligibility, benefits and out of pocket payment requirements with your insurance provider (primary and secondary insurances). We will also notify you of any up front payment requirements. It is our policy to collect copayments, deductibles and coinsurances on the day of surgery in order to reduce payment cycle time and reimbursement loss. We will promptly refund any overpayments made on your part and we will collect on any underpayments determined by your insurance policy. In the end, you are only responsible for the amount determined by your insurance plan.

Patient/Guarantor Requirements

- We require payments be made by cash, money order, cashier's check, credit card or personal check.
- We require the patient/guarantor provide an insurance card and photo identification prior to or on the date of surgery.
- We require patient payments be made to the center within 90 days unless collected at the time of service.
- For patients without insurance or electing not to utilize benefits, "self pay" arrangements will be made prior to your procedure.

If you have any questions, please contact (303) 963-1500. After your procedure if you have questions you may reach our Billing Office at (303) 963-1506.