

VALLEY AMBULATORY SURGERY CENTER

Billing Practices Acknowledgement

Thank you for choosing Valley Ambulatory Surgery Center. Our goal is to provide you with financial information related to your procedure today.

BILLING PRACTICES:

Our policy is to bill the patient's insurance company for facility charges, however if you do not have insurance, payment is due at the time services are rendered. We will collect any known or estimated co-payments, co-insurance or deductibles at the time of surgery. The responsible party will be billed for any charges the insurance company does not cover, including unanticipated deductibles and co-insurance.

Additionally, the responsible party will be billed for facility charges in full should the insurance company deny coverage due to non-covered benefits, lack of referral, lack of proper reporting of incident/accident or lack of individual coverage, where applicable.

The Surgery Center neither accepts nor assumes billing responsibility for third party providers. Services provided by third party providers, including but not limited to Surgeon's professional fees, Anesthesia professional services, Surgical Assistants, Laboratory, Radiology, Durable Medical Equipment and Physical Therapy services are billed separate and are the sole responsibility of the responsible party and/or their insurance provider. Please check with your insurance provider regarding their policies pertaining to third party providers.

COLLECTION ACTIVITY:

Any account balance(s) that are not paid by ninety (90) days from the date of service may be forwarded to a collection agency. The Surgery Center may also forward to a collection agency prior to ninety (90) days from the date of service if deemed necessary by the Surgery Center. Should litigation be necessary to collect an amount owed, the responsible party agrees to pay all costs of collections including, but not limited to, collection fees, attorney fees, interest and court costs.

ACH CHECK CONVERSION DISCLOSURE:

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

PAYMENT FOR SERVICES:

If you have a financial obligation please indicate the form of payment you choose today to cover your estimated co-payment, co-insurance or deductibles. We accept cash, check, Visa, MasterCard, American Express, Discover, or we offer CareCredit Payment Plan (subject to credit approval).

- Payment in full (Estimated Patient Responsibility)**
- CareCredit Payment Plan (Approved and Paid)**
- Not Applicable (No amount due from Patient)**

If you have any questions or concerns, please speak with our Business Office Manager or a Surgery Center Business Office employee. Our phone number is (630) 584-9800.

Patient/Responsible Party: _____

Date: _____

Patient Label