



Nashville EndoSurgery Center

Statement of Financial Policy and Responsibility

Co-Payments

In all cases the patient is responsible for making co-payments on or before the date services are rendered, in the form of cash, check, Visa, MasterCard, Discover, Care Credit, or Med-Draft. If a co-payment is not made at the time of the patient's visit, Nashville EndoSurgery Center reserves the right to require co-payments to be made prior to all future visits.

Patient Balances are due 30 days after insurance coverage payment has been made. In the alternative, the patient must make acceptable payment arrangements by contacting the Billing Department at Nashville EndoSurgery Center. Balances may be paid via cash, check, Visa, MasterCard, Discover, Care Credit, or Med-Draft.

Unpaid Balances

If for any reason the patient cannot make scheduled payments, the patient must immediately contact the Office Coordinator at Nashville EndoSurgery Center to make acceptable arrangements. Nashville EndoSurgery Center reserves the right to refer all unpaid accounts to collection agencies. Any fees associated with collection, including collection agency contingency fees and court costs, will be added to the patient's account balance. After accounts are placed with collection agencies, all patient visits and procedures will be on a cash only basis.

Insurance Claims Filing

In all cases the patient is responsible for payment of their account. As a courtesy, Nashville EndoSurgery Center will file a claim to the patient's insurance company.

Managed Care Plans and Referrals

Managed care plans (e.g. HMO's) require specialist and sub-specialist to obtain a referral number before the physician can see a patient. The patient is responsible for obtaining a referral number, not the facility. Failure to have a referral number prior to service will result in reduced benefits by the managed care plan. Therefore, the patient is responsible for any balance not paid by the coverage plan.

Assignment of Benefits

I hereby assign all medical and/or surgical benefits, to which I am entitled, including Medicare, private and group insurance, or other health plan to Nashville EndoSurgery Center. Patient is financially responsible for non-covered services. Patient authorizes release of information necessary to process insurance claims. Patient authorizes photographs to be restricted for medical, education, or insurance purposes and information released to other practitioner in good faith effort for my medical care.

I have read and understand the terms of this Financial Policy and Responsibility.

I have received, read, and understand the CMS Notifications regarding patient's Rights and Responsibilities, Grievance Policy, and Physician Ownership of the facility.

Patient's Signature _____ Date _____

All Questions concerning these policies should be directed to the Office Coordinator at 284-1335.