



# UNITED ANESTHESIA PARTNERS

## Welcome to United Anesthesia Partners

United Anesthesia Partners is dedicated to delivering exceptional service and quality for the patients in our care. Our anesthesia providers are carefully selected CRNAs who excel in their field. A Nurse Anesthetist or Certified Registered Nurse Anesthetist (CRNA) is a licensed professional Masters Degree nurse who can provide the same anesthesia services as an anesthesiologist (MD). Working closely with other health care professionals such as surgeons, a CRNA takes care of a patient's anesthesia needs before, during and after surgery.

### Survey

You may receive a survey via call, text or letter in regards to your experience with your anesthesia provider. You may opt out of the survey at any time.

### Billing

You, as the patient, will likely receive separate bills for the surgery, surgeon, pathologist, radiologist and for anesthesia services.

### Payment

Once your insurance company receives the claims you may be responsible for your deductible, co-payment, and co-insurance. UAP accepts checks, debit and all major credit cards, and offers the ability to pay over the phone or on-line (your statement will list the website and code). For procedures that are not covered by insurance and for patients who do not have medical insurance, we require payment after the billing company sends you a statement.

### Insurance

UAP is contracted with most major insurance companies; please call your insurance company to confirm benefits including deductible and co-insurance. If out-of-network, your insurance company may utilize the MultiPlan network for your in-network benefits.

Screening vs. Diagnostic Procedures: Your insurance may use National criteria to determine if the GI procedure is considered a diagnostic procedure. If this is the case, the procedure may not be covered, please contact UAP and we will make payment arrangements.

If you have any questions about financial arrangements or billing, call us at 888-709-3117.

We look forward to serving your anesthesia needs, thank you.

Feel free to go to our website at [www.uapanesthesia.com](http://www.uapanesthesia.com)



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You may receive a survey from Survey Vitals regarding your anesthesia provider. This survey is to ensure quality care throughout UAP. You may opt out of the survey at anytime.

By signing this form, I acknowledge that I will be receiving a separate bill for anesthesia and accept financial responsibility. I authorize UAP to be paid directly by my insurance. If I receive payments for anesthesia services from my insurance, I agree to pay UAP. I assign UAP all anesthesia benefits, including major medical and appeal rights, due to me under my policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_