

Biscayne Plaza Surgery Center, LLC

Financial Policies

Biscayne Plaza Surgery Center, LLC is committed to meeting the healthcare needs of all patients in a state of the art environment, with first rate staff and excellence in patient satisfaction. Biscayne Plaza Surgery Center, LLC may not be a participating provider with all insurance plans, but we strive to give patients and insurers the best possible value for their healthcare dollar, providing access to superior quality care to all patients in the community, regardless of insurance type, at a cost-effective rate. Financial responsibility for patients and insurers will be calculated in accordance with any existing contractual agreements in effect on the date of service, pursuant to an assignment of benefits provided by the patient. In the absence of applicable contractual rates*, such as services rendered to patients holding insurance coverage for which the surgery center is not a participating provider, the following policies will apply.

**Contractual rates include, but are not limited to, government set fee schedules for Medicare, Medicaid, TriCare, Worker's Compensation, other government mandated fees, Third Party Agreements, direct employer or patient agreements, and Managed Care contracts.*

1. The surgery center bills both patients and health plans using the same fee schedule.
2. The surgery center requests a [\$200] deposit prior to the procedure, which will be applied to the total patient responsibility.
3. Upon registration, patients will sign the relevant financial documents, including the Assignment of Benefits, Authorizations & Disclosures and Acknowledgement of Financial Responsibility.
4. The surgery center will not waive any coinsurance, deductibles or other patient responsibility associated with services for which it has billed a health plan pursuant to an assignment, except for reasons of financial hardship; however a prompt pay discount is offered dependent upon the time of payment.
5. Patients and Insurers are eligible for an 80% prompt pay discount if the statement or claim is paid within 7 days of receipt.
6. Biscayne Plaza Surgery Center, LLC verifies insurance benefits, however exact coverage and benefits cannot be determined until the claim is received, reviewed and processed by the insurance carrier.
7. Final patient responsibility is determined based on the allowed amount of the claim as listed on the insurance company Explanation of Benefits, once processed by the insurance carrier, and the patient's applicable benefit levels.
8. When a health plan denies some or all of the charges, the surgery center will pursue the internal appeals process provided by the health plan, and patient responsibility will be adjusted based on the outcome of the appeal.
9. Verification of benefits is not a guarantee of payment from an insurance carrier, and all benefits are subject to the conditions and limitations of the plan in effect at the time of service. Financial obligation is based on applicable benefit levels associated with the services the surgery center provides.
10. Patients with no insurance coverage will be considered self-pay, and will be eligible for the 80% prompt pay discount off charges.
11. Written estimates of anticipated charges and associated financial responsibility are available upon request.
12. Where applicable, patients are responsible for paying any amounts due prior to receiving services, unless specific arrangements are made through use of a Payment Plan.
13. When patients receive payment directly from the health plan, patients must endorse and forward the payment and Explanation of Benefits to Biscayne Plaza Surgery Center, LLC within 5 days of receipt to avoid additional financial liability.
14. Insurance carriers are made aware of the surgery center's discount policy through disclosure on the claim form submitted to the insurer for services rendered. Detailed financial policies are available to the insurer upon request.
15. Patients are informed that estimates of financial responsibility are subject to change based on procedures performed or determination of coverage, and that they remain financially obligated for any and all charges associated with services rendered.