

## FINANCIAL POLICY FOR RIVERSIDE ENDOSCOPY CENTER, LLC

The following sets forth the general financial policy for Riverside Endoscopy Center.

Our Business Office will be happy to assist you with any questions you may have pertaining to this financial policy.

### **Cancellations**

If you need to cancel or reschedule your procedure, you must contact our office 72 hours before your scheduled procedure. Failure to contact our office may subject you to a \$100.00 cancellation fee.

Average Surgery Center Charge is \$3000.00

### **FINANCIAL ARRANGEMENTS**

#### Making Arrangements

Please contact the Billing Department at (904) 388-5265 prior to surgery to make financial arrangements, ask any questions you may have and to be sure you are pre-admitted. In most cases, we should be able to estimate the cost of surgery beforehand. Our staff will also help you finalize your financial/payment arrangements prior to surgery.

#### Charges

Billing for the facility and physician(s) are separate. The surgery center charges include use of the operating room, equipment and supplies for surgery. You will be billed separately for the services of your surgeon, anesthesiologist or other provider such as pathology (if applicable).

#### Payments

Uninsured and cash patients will be required to pay the facility fee for service prior to the delivery of care. For patients with insurance, your plan benefits will be verified and you will then be notified of your financial responsibility per the information provided by your carrier. As a courtesy to our patients, we accept Visa, MasterCard, American Express, Discover Card, and debit cards.

The charge for a returned check is \$30.00. If a check is returned, Riverside Endoscopy Center requires you to make a payment equal to the amount of the check plus the \$30.00 return check fee within 15 days of bank notification. Riverside Endoscopy will not accept a check for payment of a check that was returned.

The benefit information provided prior to the delivery of care is considered to be only an estimate. Once your insurance company has been billed for services, there may be an additional balance due which is your responsibility. You will be billed for any additional fees that may be listed as patient responsibility by your carrier and prompt payment is expected. The facilities reserves the right to accept or decline patients on an individual bases in regards to financial agreements.

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Patients may request from this facility and other healthcare providers a more personalized estimate of charges and other information. Patients should contact each healthcare practitioner who will provide services in the ASC to determine the health insurers and health maintenance organizations with which the healthcare participates as a network provider or preferred provider

### **INFORMATION ON PAYMENTS/FINANCIAL ASSISTANCE**

Our financial assistance program offers a variety of ways to modify a patient's financial responsibility for services rendered by the surgery center. Certain service providers (such as Anesthesiologists or laboratories) bill for their services separately from the surgery center and may offer their own financial assistance program—please contact them for further information regarding their services.

#### Payment Plans

Each patient is expected to pay his/her estimated financial liability on or before the day of service. In the event a patient is unable to pay the estimated liability in full, our surgery center may, but is not obligated to, offer a short term repayment schedule after a minimum down payment is made. For an extended repayment schedule, a patient will need to secure financing with an outside source. Please contact us for further information.

#### Discounts

Patients who are not eligible to receive services paid for by insurance or other third party payment sources may be eligible to receive an uninsured discount from our facility. The discount is a set price and is subject to change. If a patient's services are subsequently found to be covered by insurance or other third party payment source, the uninsured discount may be disallowed.

#### Charity

At the present time, Riverside Endoscopy Center does not accept Charity Programs.

#### Out of Network

A patient receiving treatment at our surgery center under insurance with which our facility is out of network may be eligible to receive an adjustment to their assigned out of network patient liability, assuming our facility is not prohibited from offering Out of Network adjustments under state/Federal laws or your insurance company's provisions. If not prohibited, the application of any out of network discount is subject to vary based on a patient's benefit coverage. Accounts which become delinquent may have the adjustment disallowed.

## Collection Procedures

As a courtesy to our patients, we will file an insurance claim on behalf of the patient to his/her insurance plan. A patient is expected to respond to his/her insurance plan's request for information timely, as needed, in order to minimize claims processing delays.

Patients are expected to comply with their financial obligations in a timely manner including paying the estimated portion by the day services are received, and any remaining portion upon finalization of the claim by the payer. Further, patients are expected to remit any payments made directly to them (as opposed to the facility directly) from out of network insurers.

The facility will attempt to reach a patient by any method available to us to secure payment on any outstanding balance utilizing internal and external resources. If the account becomes delinquent, it may be placed with a collections agency or attorney for collection. In that case, the patient may also become liable for all costs and fees expended on collection attempts.

## Useful Links

Patients may access the State of Florida's Agency for Healthcare Administration website at this link for general information: [www.ahca.myflorida.com](http://www.ahca.myflorida.com)

Patients may access the State of Florida's Agency for Healthcare Administration website at this link for information about our surgery centers: [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov)

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DISCLOSURE

ANESTHESIA

American Anesthesiology of North Florida

P.O. Box 41206

Jacksonville, Florida 32203

(904) 388-5265

Pathology

American Pathology of North Florida

2151 Riverside Avenue

Jacksonville, Florida 32204

(904) 388-5265

Mid Florida Pathology

2100 Prevatt Street

Eustis, Florida 32726

(352) 460-0292

American Physicians Foundation

2151 Riverside Avenue

Jacksonville, Florida 32204

(904) 388-5265

Certification: The undersigned certifies that he/she has read and understands the foregoing and fully accepts the terms specified above.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

