

## BSM Surgery Center, LLC Financial Policy

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BSM Surgery Center LLC, has a Financial Policy in place that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best possible medical care with minimal administrative costs. This Financial Policy has been established with these objectives in mind and to avoid any misunderstanding or disagreement concerning payment for services.

- **If you are covered by a contracted insurance plan**, you are required to pay any co-pay at the time of service. Any collectible co-insurance balance remaining after insurance payment or non-payment will be due in full upon receipt of our monthly statement.
- **If you are covered by a non-contracted insurance plan**, you are expected to pay any co-pay at the time of your visit. Our facility is happy to file an insurance claim for our services. However, non-contracted insurance companies may not pay at their highest rate or they may not pay on the claim at all. Any balance remaining after insurance payment or non-payment will be due in full upon receipt of our monthly statement.
- All necessary insurance information, including special forms, must be made with cash, check or credit card.
- Payment for services can be made with cash, check or credit card.
- If you are unable to pay for necessary medical care, you may be eligible for financial assistance. It is your responsibility to inform us prior to your services so that we may schedule you for an appointment with our Business Office.
- You are responsible for obtaining any required authorizations for treatment prior to your visit. Visits may be rescheduled or you may be asked to sign a disclaimer indicating you will be financially responsible for charges due to lack of the authorization.
- Our staff is happy to help you with insurance questions relating to how a claim was filed or regarding any additional information the carrier might need to process the claim. Specific coverage issues, however, can only be addressed by your insurance company's member services department (phone number is on the insurance card)
- The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payment at the time of service. For unaccompanied minors, non-emergent treatment will be denied unless charges have been preauthorized or payment by credit card, cash or check at the time of service has been verified.
- **Accounts that become delinquent may be subject to collection activity. A \$50.00 late fee will be assessed to cover the additional handling require for delinquent accounts.**
- **A service charge of \$50.00 will be assessed for all check returned by your bank for non-sufficient funds or written on a closed account.**

It is not our intention to cause undue hardship; however, we must collect our receivable as efficiently as possible in order to continue to service the community. Our primary responsibility is to provide quality medical care, and we wish to spend our time and energy toward that end.

I have read, and accept the credit policy terms outlined above. I agree that in the event additional costs and/or fees are incurred in connection with the collection of my account, I will pay all such costs and fees, including collection costs, attorney fees and all court costs.

In addition, I authorize BSM Surgery Center, LLC, to provide to my insurance companies all information necessary to process insurance claims and assign to BSM Surgery Center, LLC, all the of the insurance benefits due to me to the full extent of my financial obligations. A photocopy of this authorization shall be considered as valid as the original.

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Signature of Patient or Responsible Party

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Date

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Printed Name of Patient or Responsible Party