



Thank you for choosing Southern Surgical Associates, PA for your medical care. We appreciate that you have entrusted us with your health care and we are committed to providing you with the best patient care possible.

Because healthcare benefits and coverage options has become increasingly complex, we have developed this financial policy to help you better understand your responsibilities as a patient. We will do our best to assist you with understanding your proposed treatment and in answering questions related to submitting your insurance claim for reimbursement.

Your health insurance policy is a contract between you and your health insurance company and/or your employer. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, precertification, preauthorization, limits on outpatient charges, and any requirements for specific physicians, labs and/or hospitals to use. You should be knowledgeable of any deductibles, copayments and/or coinsurance. This applies to all payers regardless of whether or not our physicians participate.

If you are uncertain about your current health insurance policy benefits you should contact your plan to learn the details about your benefits, out-of-pocket fees, and coverage limits.

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Please Keep These Policies For Future Reference

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### **Insurance Coverage**

Please provide us with all of your current insurance plan information at the time of each visit and notify us of any changes. We will request a copy of your insurance card and picture Id to copy and scan to keep on file for our records.

Please be aware of and provide any required referrals or authorizations in advance of the appointment or service. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt, contact your plan directly for clarification.

Before your appointment, please be sure your doctor is in-network and services are covered under your plan. If your doctor is out-of-network you will be billed for the costs of care. We will help you find out if you have out-of-network benefits and submit a claim to your plan on your behalf. Refer to our out-of-network policy below for more details.

## **Address Change**

It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, telephone or other contact information.

## **Co-payment/Co-insurances/Deductibles**

You are expected to pay your co-payment and any co-insurance and/or deductible amounts, if known, at check in.

## **Other Bills**

You may receive services at other facilities such as anesthesia, radiology testing, and/or other services. These doctors provide vital services and are involved in your care even though you may not be present at the time. There may be additional charges for these services.

In addition, you may receive in-patient or out-patient hospital care at on our many facilities. If so, you will receive a hospital bill for those services. Hospital bills are separate from our doctor services. If you have questions, you may contact the hospital billing office at (252) 847-4472 or (800) 788-4473.

## **Payments**

Payment is due at the time services are provided or upon receipt of a statement from our billing office. We accept payment in the form of cash, check, money order or credit card (*American Express, MasterCard or Visa*). A returned check is subject to a fee of \$35.00. We do not accept traveler's checks.

## **Non-Medical Fees**

Additional fees may apply to the following:

- Returned Checks
- Copying of medical records
- Completion of disability or other forms

## **Missed Appointments**

We require a 24 hour cancellation notice. If you miss your appointment, or do not cancel with the required notice, additional fees may apply:

- Office Visit: \$50
- Second Office Visit \$75
  
- New Patient Visit: \$75
- Office Procedure /Surgery \$150

### **Out-of Network Providers**

If the doctor is not in your insurance plan, the following apply:

- Full payment is due at the time of service for routine visits.
- Payment expected on the date of service may be an estimate of your total charges.
- You will be quoted an estimated fee before services/procedures are performed.
- A deposit is required prior to the date of service for surgeries and procedures.
- After your appointment, we will submit a claim to your plan for services performed.

### **Non-Covered Services**

**Medicare Patients.** Medicare may not cover some services your doctor recommends. You will be informed ahead of time and given an Advanced Beneficiary Notice (ABN) to read and sign. The ABN will help you decide whether you want to receive services, knowing you are responsible for payment. You must read the ABN carefully.

**Non-Medicare Patients.** Any service not covered by your plan are your responsibility and must be paid in full at the time of service or upon receiving a bill.

### **Refunds**

A refund is issued when an overpayment has been identified. If you feel a refund is due, please contact our billing office at (252) 758-2224

### **Failure to Pay**

If you do not pay your bill, your account will be sent to an outside collection agency. If your account is sent to a collection agency, you need to contact them directly to settle your balances.

### **Policy and Fee Changes**

These policies and fees are subject to change. We will do our best to keep you informed of any modifications.

We know medical care can become expensive. If you have concerns about your ability to pay, you can contact us for help in managing your account. If you have questions about these policies, feel free to ask any of our staff for more details or call our billing office at (252) 758-2224.