



Big Creek Surgery Center

PATIENT FINANCIAL POLICY

Big Creek Surgery Center (BCSC) will use the following policy with regard to a patient's financial arrangements.

1. If Big Creek Surgery Center is contracted with your insurance company, Big Creek Surgery Center will bill your insurance company and you will be responsible for your in-network co-payments and deductibles.
2. If Big Creek Surgery Center is not contracted with your insurance company, at the time of your referral, you will be asked to sign an Election of Service Form, and your insurance company will be notified that you have elected to have your procedure performed at Big Creek Surgery Center. Big Creek Surgery Center will limit your financial responsibility to your in network levels, by estimating your in network co-insurance and deductibles.
3. Both you and your insurance company will be given a discounted fee for the services you receive. You will be responsible for the estimated in-network percentage of what your insurance company would reimburse if Big Creek Surgery Center was an in-network provider. Upon receipt of payment from your insurance company, and based on the information received, Big Creek Surgery Center will reconcile your financial responsibility to approximate what your in-network level of financial responsibility would be. **If the original calculation was higher than this amount you will be refunded the difference.**
4. The following is a list a common reasons why you may receive a bill from BCSC:
 - If payment is denied by your insurance company due to pre-existing conditions.
 - If you do not provide information requested by you insurance company.
 - If your policy benefits have been exhausted (*i.e.* you have reached your benefit maximum).
 - If your workers' compensation of motor vehicle carrier denies your claim.
 - If your insurance company mailed payment to you rather than BCSC and you did not forward the payment to BCSC.
 - If you have an attorney's letter of protection and the case is not settled in your favor.
 - If we have had no response from your insurance carrier.
 - If you are a Self-Pay patient, be advised that these are estimated charges. Additional Operating Room time would be your financial responsibility and billed directly to you. All implants and prosthesis fees are the direct responsibility of the patient and will be billed accordingly.

If BCSC is non-participating with your commercial insurance company, you may receive a reimbursement check for the facility's fees made payable to you. This check must be forwarded to BCSC within 10 days of receipt, along with the Explanation of Benefit form sent to you. Failure to timely remit this payment and the EOB to the BCSC Business Office shall result in your account being delinquent. Delinquent accounts may be assessed the **entire** facility fee due, as well as any court fees or attorney's fees incurred in the collection of your account. Please contact Big Creek Surgery Center's Business Office staff at 866 773-6711 if you have any questions or concerns.

I, _____, understand and agree to these terms and conditions.

Signature

Date

Witness

Date