

Indian Lake Surgery Center Financial Policies

Indian Lake Surgery Center 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. Indian Lake Surgery Center 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.

1. The surgery center bills both patients and health plans using the same fee schedule.
2. Patients must agree in advance of treatment as to how they will pay for services, and sign the relevant forms, including the Assignment of Benefits, Authorizations & Disclosures and Promissory Notes as appropriate.
3. 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 significant discounts are offered dependent upon the time of payment.
4. Tiered prompt pay discounts off the estimated charges are offered equally for health plans and patients as follows:
 - a. 80% off for payment pre-procedure
 - b. 40% off for payment within 30 days of receipt of the bill
 - c. 20% off for payment within 60 days of receipt of the bill
5. Indian Lake Surgery Center verifies insurance benefits, however exact coverage and benefits cannot be determined until the claim is received, reviewed and processed by the insurance carrier.
6. Verification of benefits is not a guarantee of payment from an insurance carrier, and all benefits are subject to the conditions and limitation 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.
7. Patients with no insurance coverage will be considered self-pay, and will be eligible for the same prompt pay discounts off the estimated charges.
8. Written estimates of anticipated charges and associated patient responsibility are available upon request. The surgery center makes every effort to verify benefits and provide a written estimate to the patient prior to the date of service.
9. Patients may provide the surgery center with a valid competing quote from another facility where they are eligible to receive the same services, and the surgery center may honor a lower rate through matching the competing estimate.
10. Where applicable, patients are responsible for paying any amounts due prior to receiving services, unless specific arrangements are made through use of a Promissory Note.
11. **Fees for anesthesia services, physician fees, pathology services, laboratory fees, durable medical equipment and surgical assistants, or other services rendered which are not included in the facility global rate will be billed separately where applicable.**
12. When patients receive payment directly from the health plan, patients must endorse and forward the payment and Explanation of Benefits to Indian Lake Surgery Center within 10 days of receipt to avoid additional financial liability.
13. When a health plan denies some or all of the charges, the surgery center will pursue the internal appeals provided by the health plan, and will only bill the patient for any amounts which remain outstanding after appeals are exhausted.
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.
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.