



# Surgical Facility Fee Payment Policy

**TO OUR PATIENTS:**

When you have surgery, there will be a charge for the use of the operating room, which includes the costs of providing technical equipment and instrumentation, the nursing staff, and surgical supplies. This is called a "Facility Fee." (Your surgeons and anesthesiologists professional charges are submitted separately.)

**MEDICARE PATIENTS:**

We will submit your Medicare claim for you. The De La Vina Surgicenter is a Medicare approved facility, and we accept Medicare assignment for your surgical facility fees. However, Medicare will pay only 80% of the approved charges. You are responsible for the remaining 20%. You will be billed for this co-payment as well as for any deductible.

**OTHER INSURANCE CONTRACTS:**

As a courtesy, we will submit your insurance claim for you. Please be sure to BRING AN INSURANCE IDENTIFICATION CARD. Our relationship, however, is with you – not with your insurance company. YOU ARE RESPONSIBLE FOR PAYMENT IN FULL OF YOUR FACILITY FEE. Any balance remaining after your insurance company payment, will be billed to you. If your insurance has not paid your claim within 60 days of your surgery, we will request that you pay your facility fee in full and then seek reimbursement from your insurance.

**WORKMANS COMPENSATION:**

If you have an **approved** workers compensation claim, we will submit a claim to the carrier for you.

**NO INSURANCE:**

If you do not have insurance coverage for your surgery, please be prepared to pay at the time of surgery.

**CANCELLATION POLICY:**

If in a case when you as a patient have already been admitted to our facility, and decide to cancel your surgery, you will be responsible for a cancellation fee. We will bill this amount to your said insurance company. Any portion not paid by your insurance company will be your responsibility. Said fee will be determined on a case-by-case basis.

**ASSIGNMENT OF BENEFITS**

I hereby assign all benefits to which I am entitled to the provider of these services, De La Vina Surgicenter, and/or other contractors: I authorize any holder of medical information about me to release any information needed to determine these benefits, and authorize said assignee to release all medical information necessary to secure payment. This assignment will remain in effect until revoked by me in writing; a photocopy is to be considered valid as the original. I understand that I am financially responsible for all charges whether or not paid by said insurance company.

If you have any questions regarding the facility fee, please feel free to ask. You may call our billing office at 805-770-3378 to make arrangements for a payment plan, if necessary. Payment is accepted in cash, check, money order or Visa/MasterCard.

Revised 08-06-2019

Patients Signature: \_\_\_\_\_

Date: \_\_\_\_\_