



## FINANCIAL POLICIES

Rockville Surgical Suites, LLC 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. Rockville Surgical Suites, LLC 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.

\*Contractual rates include, but are not limited to, government set fee schedules for Medicare, Medicaid, Tricare, Worker's Compensation, other government mandated fees, Third Party Agreements, direct employer or patient agreements, and Managed Care contracts.

1. Rockville Surgical Suites, LLC bills both patients and health plans using the same fee schedule.
2. The surgery center requests a deposit on the date of service, which will be applied to the patient's total financial responsibility.
3. Patient responsibility is determined based on the applicable patient portion of contractual rates, where a contractual agreement exists with the payor. Where contractual rates do not apply, surgery center will bill the patient for their financial portion once the claim has been processed, and appealed if necessary, and the allowable has been determined by the insurance company.
4. Upon registration, patients will sign the relevant financial documents, including the Assignment of Benefits, Authorizations & Disclosures and Acknowledgement of Financial Policies.
5. The surgery center will not waive any unmet 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.
6. The 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.
7. Verification of benefits is not a guarantee of payment from an insurance carrier, and all benefits are subject to the conditions and limitations 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.
8. When a health plan denies some or all of the charges, the surgery center will pursue the internal appeals process provided by the health plan, and patient responsibility will be billed after the appeal.
9. Final patient responsibility is determined based on the allowed amount of the claim as listed on the insurance company Explanation of Benefits, once processed by the insurance carrier, and the patient's applicable benefit levels.
10. 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.
11. Patients with no insurance coverage will be considered self-pay, and will be eligible for the 70% prompt pay discount off charges.
12. Written estimates of anticipated charges and associated financial responsibility are available upon request.
13. When patients receive payment directly from the health plan, patients must endorse and forward the payment and Explanation of Benefits to Rockville Surgical Suites, LLC within 5 days of receipt to avoid additional financial liability.
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. Detailed financial policies are available to the insurer upon request.

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NAME OF PATIENT

\_\_\_\_\_  
SIGNATURE OF PATIENT/RESPONSIBLE PARTY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE