**Financial Policy/Assignment of Benefits**

Advanced Surgery Center will be glad to file an insurance claim, as a courtesy, to our patient’s insurance carriers. Your signature below indicates that you are assigning benefits to Advanced Surgery Center, so that we may be paid directly by your insurance carrier. In the event that you are paid directly from your insurance carrier, your signature indicates that you will promptly forward payment to Advanced Surgery Center.

Advanced Surgery Center participates with a number of insurance carriers, in the event that we do not participate with your insurance, we will be happy to submit the claim to your carrier and accept the non-participating rate.

THE FACT THAT YOU MAY NOT BE COVERED BY INSURANCE DOES NOT RELIEVE YOUR PERSONAL OBLIGATION TO PAY PROCEDURE CHARGES.

All procedures will be pre-certified; this is not a guarantee of payment from your insurance carrier.

If your insurance does not meet the entirety of the anesthesia charges, you will be responsible for a minimum payment of $300.00 per service and we can make arrangements with you for that payment.

Patients of Advanced Surgery Center will receive four Explanation of Benefits from your insurance company, they are as follows:

1. Physician Professional Fee

2. Facility Fee

3. Anesthesiologist Fee

4. Laboratory Fee for Pathology

**Please sign below to indicate that you understand all of the financial policies listed above and have received a copy of the patient privacy practices and rights:**

**Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_**