

**Bradenton Surgery Center**  
2902 59<sup>th</sup> Street, Suite F&G, Bradenton, FL 34209  
941-792-9685 phone 941-757-1377 fax

## Financial & Insurance Information

Please provide us with your most up to date insurance information at the time of your appointment. To assist in your care, please bring your current insurance card and identification to your appointment. New patients are requested to bring a form of identification with a photograph, such as a valid driver's license, passport, or military ID.

We encourage you to contact your insurance provider with any questions you may have about your individual insurance coverage and options prior to your appointment.

Please know that we will collect co-pays at the time of service and that you could be responsible for the complete office visit if your deductible has not been met. For your convenience we accept cash, or checks with proper ID., Visa, MasterCard, and Discover.

Although we do our best to monitor each patient's insurance coverage, please remember it is up to you to notify us of any changes to your policy and if your insurance policy requires prior authorization for services. This will assist us in submitting claims and making sure your insurance is paying for your services properly. From time to time we may ask for your assistance in collecting from your insurance company or acquiring the proper paperwork from your Primary Care Physician. It truly helps when the policyholder gets involved. If you have any questions concerning financial issues please call 941-792-9685 and ask to speak with one of our billing personnel.

We participate in Medicare Part B and we will bill Medicare for services on your behalf. Medicare has an annual deductible which must be met. You are responsible for your annual Medicare deductible (which may change from year to year). You are responsible for any services that Medicare does not cover. From time to time, Medicare may indicate that coverage for a specific procedure, service, or treatment may not be covered. In those instances, we will ask that you sign an ABN (Advanced Beneficiary Notice) indicating you understand that the service may not be covered, but you wish to have the procedure, service or treatment and assume responsibility for payment if Medicare denies the claim.

The following is a list of many of the insurances we **currently** accept. However, this is not a guarantee that your unique policy is covered. We will still need to verify coverage. If you have any questions please call our office:

- Aetna – all Commercials plans, HMO, and all Medicare Plans
- AvMed **with PHCS network only**
- BC/BS –All plans – PPO, PPO, POS, HMO, Medicare PPO, and all Blue Card Plans
- Beech street network
- Cigna PPO, POS, HMO
- Coventry Network
- First Health Network
- Florida Medicaid
- Freedom Health Medicare HMO
- Humana – Commercial plans, Medicare, HMO
- Interplan Health Group
- Medicare B
- Railroad Medicare
- Optimum Medicare MHO
- PCIP Network
- PHCS Network
- Self Insured plans, SIP
- Tricare Standard only
- United Healthcare – Golden Rule, UMR, HMO/PPO Commercial, Medicare and Medicaid
- UHC choice plus network, UHC Navigator network, Wellmed Medicare, and Oxford
- Wellcare and Staywell

Here is a link to the Florida Agency for Health Care Administration (AHCA) for information about the quality measures, statistics and data disseminated by AHCA pursuant to 408.05, F.S.

[www.floridahealthfinder.gov/index.html](http://www.floridahealthfinder.gov/index.html). Also included is the link to AHCA's pricing website

<http://pricing.floridahealthfinder.gov> pursuant to 59A-5.032 (1) (a).

## **Financial Assistance**

Please contact our facility's business office for further information on our policies as reflected below. Gastroenterologists, anesthesia providers, and other service providers (such as pathologists or laboratories) bill for their services separately from the surgery center and may offer their own financial assistance program—please contact them for further information regarding their services.

## **Payment plans**

Each patient is expected to pay his/her estimated financial liability on or before the day of service. In the event a patient is unable to pay the estimated liability in full, our surgery center may offer a short term repayment schedule after a minimum down payment is made. For an extended repayment schedule, a patient may need to secure financing with an outside source. Please consult with our surgery center's business office for further information.

## **Self pay – Uninsured – Out of network**

We understand the high costs of having health insurance and are willing to work with our patients on an individual basis. We do require a percentage down with a signed monthly agreement consent form on the day of service.

## **Collection Procedures**

As a courtesy to our patients, we will file an insurance claim on behalf of the patient to his/her insurance plan. A patient is expected to respond to his/her insurance plan's request for information timely, as needed, in order to minimize processing delays with the claim.

Patients are expected to pay their financial obligations in a timely manner including the estimated portion by the day services are received, and any remaining portion upon finalization of the claim by the payer. Unpaid claims by the payer may result in the account's outstanding balance being fully transferred to the patient for collection.

If needed, the center will attempt to reach a patient by any method available to us to secure payment on the outstanding balance utilizing internal and external resources. If the account becomes delinquent, it may be placed with an attorney or agency for collection in which their fees and expenses may be the obligation of the patient.

## **Cancellation Policy**

There is a \$125.00 cancellation fee for not showing up for your scheduled procedure. There is a \$75.00 cancellation fee for cancelling your procedure after 5:00 pm the business day before the scheduled procedure.

Patients and prospective patients may request from this facility and other health care providers a more personalized estimate of charges and other information. Patients and prospective patients should contact each health care practitioner who will provide services in the ASC to determine the health insurers and health maintenance organization with which the health care practitioner participates as a network provider or preferred provider.

### **Contracted Services Providers**

**As of May 28, 2021, the following providers render services to patients of this surgery Center. Patients should contact:**

*FDHS Anesthesia LLC*  
*P.O. Box 735641*  
*Dallas, TX. 75641-5006*  
*941-304-0157*

*Quest Diagnostics Labs*  
*P.O. Box 740781*  
*Cincinnati, Ohio 45374-0698*  
*800-779-8857*  
*[www.questdiagnostics.com/home](http://www.questdiagnostics.com/home)*

*Pathology Laboratory*  
*Florida Digestive Health Specialist*  
*11505 Palm Brush Trail, Suite 120*  
*Lakewood Ranch, Fl. 34202*  
*941-757-4800*  
*<http://www.fdhhs.com/about.us/pathology.lab/>*

*CDX Diagnostics*  
*Four Executive Blvd. Suite 301*  
*Suffern, NY 10901-4190*  
*845-777-7000*  
*[www.cdxdiagnostics.com](http://www.cdxdiagnostics.com)*

*Gastroenterology Associates of Manatee*  
*1886 59th St. W.*  
*Bradenton, Fl. 34209*  
*941-794-1980*  
*[www.fdhhs.com/./locations/gastroenterology-associates-of-manatee-lic](http://www.fdhhs.com/./locations/gastroenterology-associates-of-manatee-lic)*