SURGICAL ASSOCIATES
of Neenah, S.C.

FINANCIAL POLICY

Thank you for choosing Surgical Associates of Neenah, S.C. for your surgical and medical care. We are dedicated to providing the best possible care and service to our patients. We realize the cost of and paying for health care can create confusion and concern. We hope to lessen that confusion and concern by providing our patients with our financial policy. If you have any questions regarding this policy, our experienced billing staff is more than happy to answer your questions.

Insurance. We accept most health insurance plans. As a courtesy to our patients, we will submit your claims on your behalf but because insurance is a contract between you and your insurance company you are ultimately responsible for payment. We encourage our patients to review their policies and to personally verify those benefits with your insurance company prior to your appointment to ensure you receive the maximum benefits available to you. So that we may properly bill your insurance company you must disclose all insurance information, including primary and secondary insurance and any change of insurance information. Failure to provide this information or verify your benefits may result in your responsibility for the entire bill. For instance, if your insurance plan determines that a service is "not covered" you will be responsible for the complete charge. The fees we charge are usual and customary for our area and you are responsible for payment regardless of any commercial insurance company's determination of usual and customary rates. If your insurance company does not respond within 90 days of filing a claim, you will become financially responsible for all amounts owed.

Your insurance plan may require that you pay a copayment, deductible or coinsurance (part of the bill). For any questions about your financial responsibilities or benefits, you should contact your human resources department, if applicable, or call the customer service number listed on your health insurance card. **Co-pays are due at the time you check in for your visit.**

Workers Compensation/Accidents. If the services we provide relate to a workers compensation claim or accident, please bring the following information with you to your appointment: 1) name of insurance company; 2) date of injury; and 3) claim number. We do not bill third parties.

Self-Pay Accounts. Self-pay accounts are for patients without insurance coverage and not eligible for worker's compensation coverage or for those patients who have health insurance plans in which Surgical Associates of Neenah, S.C. does not participate. Patients with self-pay accounts are responsible for the cost of their care.

Financial Responsibility. We ask that our patients pay their bills within 30 days of receiving their bill. If your account is past due for any reason, including no response from your insurance company or you have a self-pay account and have not made payment, it may be referred to an attorney for collection. If your account is referred to an attorney for collection, you agree to be responsible for all costs of collection, including reasonable attorneys' fees and court costs. Accounts referred to an attorney may be reported to a credit reporting agency. Surgical Associates of Neenah ***does not*** participate in ThedaCare's Caring Hearts Program. For our patients' convenience, we accept cash, check, VISA, MasterCard and Discover. Our patients may pay their bill online at ***www.surgneenah.com***.

SURGICAL ASSOCIATES
of Neenah, S.C.

BILLING AUTHORIZATION AND PAYMENT AGREEMENT

I hereby acknowledge that I or my minor child has sought evaluation, treatment or medical advice from Surgical Associates of Neenah, S.C. I hereby consent to the use and disclosure of protected health information about me or my minor child for treatment, payment and health care operations, and/or as required by law. I hereby authorize my insurance carrier to make insurance payments directly to Surgical Associates of Neenah, S.C. and assign such payments to Surgical Associates of Neenah, S.C. I understand my insurance carrier may not approve and reimburse my or my minor child's services in full and that I am responsible for fees not paid in full, co-payments, and policy deductibles. A divorced adult who accompanies a minor child and signs on such child's behalf accepts full responsibility for payment and we will communicate about treatment and payment with the parent present at the time of the visit. A duplicate or faxed copy of this authorization is considered the same as an original document.

I understand and agree that I am responsible for payment of my account regardless of my insurance status.

_____ _____
Responsible Party/Patient Signature Date

FOR MEDICARE PATIENTS ONLY:
PATIENT SIGNATURE ON FILE FOR MEDICARE CLAIMS

Beneficiary's Name: _____
(Last) (First) (MI)

Medicare Number:_____

I request that payment of authorized Medicare benefits be made on my behalf to Surgical Associates of Neenah, S.C. for any services furnished me by that provider. I agree to provide Surgical Associates of Neenah, S.C. with my Medicare ID card and my secondary ID card. If my provider does not have the proper information for a secondary insurance, the secondary will not be billed. It will be my responsibility to pay the balance and then file a claim with the secondary for reimbursement. I authorize any holder of medical information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original. Regulations pertaining to Medicare assignment of benefits apply.

Signature:_____Date:_____

I AUTHORIZE MEDICARE TO FORWARD MY CLAIMS DIRECTLY TO MY SUPPLEMENTAL INSURANCE CARRIER

_____
(Name of insurance company)

Signature:_____ Date:_____

This authorization is in effect until I choose to revoke it in writing.