



## PRICE TRANSPARENCY AND PATIENT BILLING

### **Price Transparency**

In accordance with Florida law, Ambulatory Surgical Care is required to let you know that you may or may not pay less for services at another facility or in another health care setting. Please know that your attending physician may not be on the medical staff of other such facilities or other health care settings.

### **Provider Disclosure**

Furthermore, your attending physician and other health care providers not limited to but as example anesthesiologists, intraoperative monitoring services, durable medical suppliers, and anatomical pathologists may provide services to you at Ambulatory Surgical Care that are not a part of the facility's fees. If any of their services are provided to you while being a patient of Ambulatory Surgical Care, the provider(s) will bill you separately for their services rendered.

Patients should contact the health care practitioners anticipated to provide services to them while at Ambulatory Surgical Care regarding a personalized estimate, billing practices, and participation with the patient's insurance provider or health maintenance organization (HMO) as those practitioners **may not** participate with the same health insurers or health maintenance organizations (HMO) as Ambulatory Surgical Care.

### **The following providers render services to patients of Ambulatory Surgical Care:**

#### **• Ophthalmology services are provided by:**

##### **The Eye Clinic & Laser Institute**

1045 North Courtenay Pkwy  
Merritt Island, FL 32953  
321-453-3937 Phone  
855-816-8467 Fax  
[www.youreyeclinic.com](http://www.youreyeclinic.com)

#### **• Anesthesia Services are provided by:**

##### **Lovelock Anesthesia LLC**

901-682-6828 Phone

#### **• Pathology:**

This facility submits specimens to different pathology providers so please inquire with the facility as to which pathology provider will be used. Some pathology providers may engage specialized pathologists to assist in examining the patient's specimen. Please contact us at 321-452-4448 for inquiries.

#### **• Laboratory:**

This facility submits specimens to different laboratories so please inquire with the facility as to which one will be used. Some laboratories may engage other labs to assist in analyzing the patient's specimen. Please contact us at 321-452-4448 for inquiries.

### **Accepted Insurances**

Ambulatory Surgical Care participates with most insurance providers. Please inquire with your surgical coordinator at 321-452-4448 to verify your insurance carrier's status.



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### **Patient Billing**

Ambulatory Surgical Care schedules non-emergency patient care when your physician schedules a procedure for you at this surgery center. If Ambulatory Surgical Care believes that you have health insurance and/or health maintenance organization (HMO) coverage(s) that may cover some or all of the services, Ambulatory Surgical Care may initiate contact with them to determine your cost-sharing responsibilities for Ambulatory Surgical Care's bill. You should contact them directly as well for additional information concerning your cost-sharing responsibilities. If Ambulatory Surgical Care determines that you have cost-sharing responsibilities for Ambulatory Surgical Care's bill, you will be required to pay your cost-sharing responsibilities in full on or before the date that Services are provided.

### **Good Faith Estimate**

Upon your request, and before the provision of non-emergency care at Ambulatory Surgical Care, you can receive a good faith estimate of anticipated charges for the treatment of your condition at Ambulatory Surgical Care. This estimate must be provided to you within seven (7) days of the request being received by Ambulatory Surgical Care. You should contact your insurer or health maintenance organization (HMO) regarding your cost-sharing responsibilities. You may request and obtain a Good Faith Estimate by calling Ambulatory Surgical Care at 321-452-4448.

### **Why costs may vary**

The cost estimates provided may be different and your actual costs may exceed the estimate for several reasons, including but not limited to:

- If the medical services/treatment you receive based on decisions made by you or your healthcare provider are different from the services selected during this estimation process due to complications, secondary conditions, and/or other unknown factors.
- If the location of where your services are received differs from what is selected during this estimation process.
- If your year-to-date benefit information changes from the time at which you receive this estimate and the time at which you receive care.
- If your healthcare provider's contract with your insurance carrier changes.

### **Charges for Ambulatory Surgery**

We charge one fee that covers the following items: Nursing, technician and related services; use of the facility; testing for certain lab tests performed at the surgery center; medications administered before, during and after your surgery while in the facility; surgical supplies used while in the facility by the physician and staff; equipment used in the facility; surgical dressings used in the facility; implants except those specifically classified as premium implants that require additional patient payment. Your surgeon and anesthesiologist, and if applicable, your radiologist, pathologist, and laboratory will bill you separately for their services.

### **Itemized Bill**

We will provide you with an itemized statement or bill upon request and within 7 days of a written request to the billing department. This itemized bill will include:

- A description of the individual charges by date, identification of each procedure, test, medication, or therapy given, and any equipment or supplies billed.
- A description of any additional fees, if applicable.
- Medications will be listed by brand or generic name.
- Any subsequent bill will clearly designate any changes or payments made from the last statement.

### **Financial Assistance**

Ambulatory Surgical Care's financial assistance policies are that if you are unable to pay your cost-sharing responsibilities in full on or before the date that services are provided or you are not covered by any health insurance or HMO, then upon request, Ambulatory Surgical Care and/or the scheduling physician may offer you a discount on the amount due. If your physician has



agreed to special financial arrangements for his or her services for you to have a procedure at this facility, please contact us. Since these special financial arrangements do not apply to all patients, each patient should request individualized information particular to his or her financial situation.

#### **Methods of Payment Accepted**

- We accept most insurance plans.
- We also accept as payment cash, check, or major credit cards.
- Payment of the balance is required before you have your procedure.

#### **Charity Care**

Please be advised that we do not provide charity care. Although charity care is not offered, Ambulatory Surgical Care offers Financial Assistance through CareCredit®.

#### **CareCredit®.**

CareCredit® is a credit card issued exclusively for use in paying for your health care expenses.

You can apply for a CareCredit® card to cover the facility portion of your bill at participating surgical facilities.

- To apply for a CareCredit® credit card, visit the CareCredit® website [www.carecredit.com](http://www.carecredit.com)
- Call them directly at: (800) 677-0718
- Call your surgical coordinator at Ambulatory Surgical Care if you have any questions.
- Click [here](#) to learn more from the CareCredit® website.

#### **Collections**

Unpaid claims by an insurance company may result in the patient's outstanding balance being fully transferred to the patient for collection. Patients are expected to complete their financial responsibility in a prompt manner. Payment of patient responsibility for a surgical procedure is expected before the date of service. Ambulatory Surgical Care will make reasonable attempts to collect patient financial responsibility in a prompt manner. If any patient responsibility is considered delinquent, the account may be placed with an agency or for collection.

#### **Contact**

Please contact the surgical coordinator for guidance during regular business hours for assistance. Questions related to billing, financial assistance, payments, charity care policy, and collection procedures are always welcome and encouraged if they arise.

#### **Payment Bundle Resources**

Information on payments made to the facility for defined bundles of services and procedures is available at <http://pricing.floridahealthfinder.gov>. The service bundle information is a **non-personalized** estimate of costs that may be incurred by the patient for anticipated services, and actual costs will be based on services actually provided to the patient. The patient can request a personalized estimate from the center at any time before or after the procedure is performed.

#### **Florida Health Price Finder**

The Agency for Health Care Administration emphasizes healthcare transparency for Florida's consumers. We have provided a link to the Florida Health Price Finder website to help you make more informed healthcare decisions. Patients may access the State of Florida's Agency for Healthcare Administration website at this link for information about this facility: <http://floridahealthfinder.gov>.

This content is reviewed every 90 days and updated as needed to maintain timely and accurate information.