



Sound Surgeons Surgery Center Financial Policy

Thank you for choosing Sound Surgeons (dba: Sound Surgeons Surgery Center). We realize that the cost of care is a concern for our patients. The following information is offered to help you understand our financial policies and aid you in planning for payment. Please carefully review the information below and please feel free to ask questions about our fees, policies or your responsibility. We appreciate your help in reducing the overall cost of your medical care by cooperating with these policies.

INSURANCE

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will help you receive maximum benefits by promptly filing your claim and supplying information as required by the insurance company for claim processing. In order for your claim to be filed in a timely manner we require that you provide patient and insurance information at each visit. Please remember to bring your current insurance cards and a photo ID with you to the Surgery Center. It is your responsibility to provide and or update us with the most accurate insurance information so your claims can be submitted correctly.

If your insurance carrier reimburses you directly for our services, we expect you to send or bring the signed insurance check and EOB to Northwest Weight & Wellness Center within 7 days. If the Surgery Center has not received the full amount of insurance check within 30 days, your credit card on file will be charged.

CO-PAYMENTS

All co-payments must be paid at the time of services. A co-payment, or co-pay, is a capped contribution paid by the patient each time a medical service is rendered. It must be paid before any policy benefit is payable by an insurance company.

DEDUCTIBLES AND COINSURANCES:

Your estimated deductible and coinsurance amount is due 2 weeks prior to surgery. Your **deductible** is the amount you have agreed to pay out-of-pocket for services before your insurance company will begin to pay. **Coinsurance** is a co-sharing agreement between you and your insurance company which provides that your insurance will cover a set percentage of the covered costs after the deductible has been paid. *If you have a high deductible plan, be prepared to pay for your services in full on the date of service.* After your insurance has paid, any remaining patient responsibility will be charged to your credit card on file. If our original estimate was too high, you will be refunded your overpayment in a timely manner.

METHOD OF PAYMENT

For your convenience Northwest Weight & Wellness Center accepts cash (US dollars), cashier's checks, credit cards, and funding from third party healthcare lenders.



PAYMENT

Payment in full of any estimated unmet deductible and/or coinsurance will be due 14 days prior to your planned procedure and/or surgery. If you need assistance to pay your responsibility, please contact CareCredit® or LendingClub® for financing.

Any and all **outstanding balances** still remaining with Northwest Weight & Wellness Center will also be expected to be paid in full 14 days prior to your planned procedure/surgery. Please call our business office at (425) 224-8200 if you have questions or concerns regarding your patient account.

SELF-PAY ACCOUNTS

Patients that are not covered by insurance are expected to pay in full 14 days prior to their procedure/surgery.

COLLECTION OF UNPAID ACCOUNTS

If there are any unexpected or unpaid charges accrued that are not covered by insurance, payment will be due no later than 30 days after receiving your first statement from us. There will be a finance fee of 1% added to any account balance that is 90 days past due. If your balance remains unpaid or is 120+ days past due, you will be referred to an outside collection agency.

SEPARATE BILLING

You will receive a separate bill from our clinic (surgeon fee) for their professional services at the Surgery Center. In addition, the contracted anesthesia group will bill you for their services. If the surgeon orders pathology or blood work while at the Surgery Center the laboratory will bill you directly for their services.

ADVANCE DIRECTIVES

I understand that even though the physicians and staff of Northwest Weight & Wellness Center respect my rights to participate in decisions regarding my health care, the policy of the Surgery Center is that all patients undergoing surgical procedures will be considered eligible and will receive life sustaining emergency treatment. Advance Directive information is available upon request.

DISCLOSURE OF OWNERSHIP

I have been informed by Northwest Weight & Wellness Center/Sound Surgeons Surgery Center that the surgeon who is rendering services may have ownership interest in the facility. I wish to be treated at Northwest Weight & Wellness Center/Sound Surgeons Surgery Center.

ASSIGNMENT OF BENEFITS

I hereby assign benefits to be paid, on my behalf, to Sound Surgeons (dba: Sound Surgeons Surgery Center) who rendered services to me.



AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, authorize Northwest Weight & Wellness Center to release all or part of my medical record when required for the submission of insurance claims or the operations of the Center. The Center, its agents and employees are hereby released from any and all liability of any nature that may arise from the release of such information.

CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN WITH REGARD TO INSURANCE COVERAGE IS CORRECT. THE UNDERSIGNED CERTIFIES THAT I HAVE READ AND UNDERSTAND THE FOREGOING AND FULLY ACCEPT THE TERMS SPECIFIED ABOVE.

Patient Signature or Guardian

Relationship to patient

Date

Printed name of Patient or Guardian

Witness Signature (Staff)

Date