FINANCIAL AGREEMENT

CANCELLATION– 72 hour notice must be provided in the event you cannot keep a Surgery appointment. Should you not provide this notice a cancellation fee of $100.00 may then be added to your account.

PRIVATE INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS/INFORMATION RELEASE: I, the undersigned, authorize payment of medical benefits to Upper Valley Surgery Center PLLC for any services furnished. I understand that I am financially responsible for any amount not covered by my contract. I also authorize any holder of medical information about me to release to my insurance company (or their agent) information concerning health care, advice, treatment or supplies provided to me. This information will be used for the purpose of evaluating and administering claims of benefits.

MEDICARE – Upper Valley Surgery Center will submit claims to Medicare. The patient will be responsible for the deductible and the 20% co-insurance, which can be billed to a secondary insurance if you have one.

MEDICARE LIFETIME SIGNATURE ON FILE: I, the undersigned request that payment of authorized Medicare benefits be made on my behalf to Upper Valley Surgery Center PLLC for any services furnished to me. I authorize any holder of medical information about me to release to the CMS (and its agents) any information to determine these benefits payable for related services. This information will be used for the purpose of evaluating and administering claims of benefits.

MEDICAID: Upper Valley Surgery is a Medicaid Provider. Any charges not covered by Medicaid may be your responsibility to pay.

CO-PAYMENTS – Please be prepared to pay the co-pay at your visit. By law we MUST collect your carrier designated co-pay and it is expected at the time of service. Should you not pay at the time of service and we subsequently send you a statement, an administrative fee of $20 may be added to your account.

SELF-PAY PATIENTS – Payment is expected prior to service.

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, OR DISCOVER CARD. If your check is returned unpaid, your account will be debited electronically for the original amount and electronically or via paper for the state’s maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke this authorization by calling (800) 666-5222 ext 2, to arrange payment for any outstanding checks and service fees due.

DIVORCED/SEPERATED PARENTS OF MINOR PATIENTS – The parent who consents to the treatment of a minor child is responsible for payment of services rendered; Upper Valley Surgery Center PLLC will not be involved with separation or divorce disputes.

COLLECTIONS – You are responsible for the timely payment of your account. Amounts that are past due may be sent to a collection agency or filed with Small Claims Court. Should it become necessary for us to do so, you will be responsible for all additional charges we incur as a result of this.

Patient’s Name: ____ DOB: ________________________

Responsible Party Signature: ____________________________________ Date: ______________________

Print Name: ____ Relationship: ______________________

THANK YOU for taking the time to review our policies. Please feel free to ask any questions or share with us special concerns.