

Southwest Surgical Suites

PRE-SURGICAL PATIENT INFORMATION

PAYMENT POLICY

All professional services rendered are charged to the patient. I understand that I am fully responsible for any expenses not covered by my insurance company as well as any deductibles, co-insurance, and any charges over and above my policy's "reasonable and customary" charges. I also understand I will be responsible for attorney fees and collection costs should Southwest Surgical Suites need assistance in collecting any uncovered expenses, etc. as described. Necessary forms will be completed to expedite insurance carrier payments. It is customary to pay for services when rendered unless other arrangements have been made in advance.

BENEFICIARY CLAIM AUTHORIZATION

I hereby assign payment of authorized Medicare and non-Medicare insurance benefits to Southwest Surgical Suites for any services furnished to me by Southwest Surgical Suites. I understand that Southwest Surgical Suites may release to the Centers for Medicare & Medicaid Services, its agents, intermediaries and/or carriers, or to my insurance carrier and/or its agents, any information needed to obtain these benefits or benefits payable for related services.

I request that payment be made and consent to the release of any and all information which Southwest Surgical Suites, in its sole discretion, deems necessary to obtain payment, including my medical records or other health information. If other health care insurance is indicated in item 9 of the CMS-1500 claim form, elsewhere on other approved claim forms or electronically submitted claims, I consent to Southwest Surgical Suites' release of my information to the insurer or agency shown.

In Medicare assigned cases, the facility agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, co-insurance and non-covered services. Co-insurance and the deductible are based upon the charge determination of the Medicare carrier.

FINANCIAL DISCLOSURE

This facility is jointly owned by the shareholder physicians of Summit Plastic Surgery, P.C., Dr. Jonathan Norton and Lutheran Health Network of Indiana, LLC.

Prior to my procedure I have received and understand the following:

- I have read and understand Southwest Surgical Suites' Payment Policy.
- I have received a Southwest Surgical Suites insurance and payment information brochure.
- I have also read and understand the Beneficiary Claim Authorization.
- I have been given, prior to my procedure, and understand the financial disclosure of the facility.
- I have received, prior to my procedure, my Patient Right's brochure and understand my patient rights.
- I have received my Advance Directive information brochure.

Date

Signature of Patient or Personal Representative with Indication of Authority