



Joe DiMaggio Children's Health
Outpatient Surgery Center

Our Financial Policy

Thank you for choosing the Joe DiMaggio Children's Health Outpatient Surgery Center at Wellington for your healthcare needs. We would like to take the opportunity to help you understand our billing process.

The information you provide for us (i.e. insurance, address, phone #, etc.) during registration will be used to bill your insurance plan within several days after your or your child's procedure (including surgery). *Please promptly notify us of any changes to the demographic and/or insurance information for you or your child. Failure to do so in a timely manner may result in your account balance being turned over to a collection agency as described below.*

Please note that there are two separate charges billed to your insurance plan (one for us and one for the doctor). You are responsible to pay any co-pay, co-insurance, deductibles and other cost sharing requirements that are applicable to your insurance coverage according to information provided by your insurance plan to us on the day of the procedure. Payment for any amounts that are your responsibility is due at the time of the procedure unless you have made alternative arrangements in advance. We accept cash, checks and all major credit cards.

The facility fee includes cost of facility usage, medical supplies, medication, staffing, and recovery time. If you or your child have multiple visits to our surgery center, regardless of the procedures performed, you will receive a separate billing statement.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

If you are insured by a plan with which we do not have prior arrangements, the plan may send the payment directly to you. If you receive payment for our billed charges from an insurance company or plan administrator, you must endorse the check and mail it to us as soon as possible.

You may receive additional billing statements depending on any of the factors below if you:

- Required anesthesia, you will receive a statement from any anesthesia company providing services.
- Required a biopsy, you will receive a statement from any pathology company providing services.
- Required a lab test prior to your procedure, you will receive a bill from the lab that performed your test.

In the event any invoice remains unpaid for more than thirty (30) days, we reserve the right to begin collection proceedings in our sole discretion, including but not limited to, referral of the matter to outside attorneys or collection agencies. Furthermore, if we opt to refer collection to an outside source, you will be liable for all costs of collection up to and including appeal, court costs, attorneys' fees and expenses. You will be liable for all costs and expenses of collection without regard to Florida's advisory Uniform Guidelines for Taxation of Costs in Civil Actions. You hereby expressly acknowledge and agree that your liability for costs and expenses pursuant to this Financial Policy is contractual.

By signing below, you confirm that you have read and understand this Financial Policy and that you agree to be bound by its terms. By signing below, you also confirm that you understand and agree that we may change such terms from time to time and ask you to sign a new Financial Policy at the time of your next visit.

Patient Name (Please print) **Date**

Patient Signature

Witness Name (Please print)

Witness Signature