SPOKANE VALLEY Ambulatory Surgery Center

FINANCIAL POLICY

This is an agreement between Spokane Valley Ambulatory Surgery Center, as creditor, and the Patient/Debtor named on this form. In this agreement the words "you", "your," and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to Spokane Valley Ambulatory Surgery Center.

By executing this agreement, you are agreeing to pay for all services that are rendered.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will outline the previous balance, any new charges to the account, and any payments or credits applied to your account during the month.

Insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract. However, we will bill your insurance company as a courtesy to you. A minimum monthly payment is required to keep your account status current while waiting for insurance settlements. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or pre-authorization, you are responsible for obtaining it. Failure to obtain the referral and/or pre-authorization may result in a lower payment from the insurance company and more liability for you.

Co-payments: Any and all co-payments required by your insurance company must be paid at the time of service, per your insurance contract.

Past due accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all the lawyer's fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Spokane County, Washington.

Waiver of confidentiality: You understand that if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our facility may become a matter of public record.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Workers Compensation: We require written approval/authorization by your employer and/or worker's compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.

Payment options if you have no insurance:

1. Full payment is required prior to the date of service by **CASH, CHECK, OR CREDIT CARD.**
2. Payment arrangements must be made **before** the date of surgery and are subject to approval according to Spokane Valley Ambulatory Surgery Center credit guidelines. A written FINANCIAL AGREEMENT will be signed by the guarantor and the credit manager stating the payment arrangements. A credit check will be done at the discretion of SVASC.

Payment if you have insurance:

1. All insurance companies will be called to verify coverage, deductibles, and co-pays when surgery is scheduled.
2. Our billing department will notify you before surgery if we need to collect a co-ins/deductible amount prior to your surgery. If you are not able to pay the co-insurance/deductible estimate before surgery, we will be happy to reschedule your surgery to a more convenient time.
3. Deductibles and patient balances will be payable in full **within 30 days** after receipt of Insurance payment unless written payment arrangements have been made between the patient and SVASC. Payments can be made with **CASH, CHECK, OR CREDIT CARD**.
4. Patients must provide SVASC with a copy of most current insurance card. Incorrect claims addresses from old insurance cards can stall billing procedures.
5. If Medicaid coverage is in effect, you must provide a copy of your **current** coupon before surgery.
6. SVASC must bill **all** insurance companies (including secondary insurance companies) using appropriate claim forms. Billing an insurance company with a statement does **not** work; we must send charges in on a claim form.

NSF Checks: A $35.00 service charge will be assessed on all NSF checks.

Refunds: All refunds are processed on a monthly basis. Should a refund balance occur on your account, this amount will be refunded directly to you or your insurance company, depending upon your specific insurance contract requirements.

Anesthesia Services: Your Anesthesia services are provided by Anesthesia Associates and billed separately from the facility fee. Any questions regarding your Anesthesia bill call (888) 900-3788.

Lab Charges: If your surgeon deems it necessary for labs, cultures or specimens you may receive a bill from the following, InCyte Pathology; specimens and/or PAML; blood work or cultures.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Patient Name: _____

Responsible Party (if not the patient) _____

Signature: _____ Date: _____