

East Tennessee Ambulatory Surgery Center

Payment Policy

Thank you for choosing East Tennessee Ambulatory Surgery Center (ETASC) for your surgical provider. We are committed to providing you and your family with quality and affordable health care. In our ongoing process to make sure that all your medical needs are met, ETASC's staff will be available to discuss our fees and this policy.

We ask that all responsible parties read and sign our payment policy as well as complete the patient information forms prior to surgery.

Co-payments and deductibles are due the day of surgery. In order to serve you better we accept cash, check, Visa and MasterCard.

- ETASC is required under our contracts with your insurance company to collect co-pays and co-insurance. Fees for service, which include all unpaid balances, co-payments, co-insurance, and deductibles, are due at the time of service. Returned checks and unpaid balances after appropriate billing procedures may be subject to collection payment and collection fees. If my check is returned for non-sufficient funds, I expressly authorize my account to be electronically debited or bank drafted for the amount of the check plus any applicable fees. The use of a check for payment is my acknowledgement and acceptance of this policy and its terms and conditions.
- All charges are my responsibility whether my insurance company pays or does not pay. If any payment is made directly to me for services billed by ETASC, I will promptly remit payment to ETASC.
- As a courtesy to me, it is the policy of ETASC to bill my insurance carrier, although I am ultimately responsible for the entire bill. Co-pays, co-insurance, deductibles, covered charges, secondary insurance, and "usual and customary" charge are specified in my plan from the insurance company. I understand that ETASC is not responsible for these terms and coverage and only supplies factual information to facilitate claim processing by my insurance carrier.
- I understand and agree that if I fail to make any of the payments that I am responsible for in a timely manner, after such default and upon a referral to a collection agency or attorney by ETASC, I may be response for all cost of collecting monies owed, including court costs, collection agency fees, and attorney's fees.
- The above does not apply if you are covered under Workers' Compensation. However, be advised that as a compensation patient you may be held responsible for charges in the event that your claim is invalidated.
- I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement of any claim. I request that payment of authorized benefits be make on my behalf. I assign the benefits payable to which I am entitled including Medicare, private insurance and other health care plans to ETASC. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand some insurance companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is my responsibility to pay any deductible amount, co-insurance or any other balance not paid by my insurance. Additionally, since I have been scheduled for elective surgery, I understand that I will be required to make payment on my responsibility prior to the surgery.

At ETASC, we understand that financial problems may affect timely payment. Therefore, we encourage you to communicate any such problems to us, so that we may assist you in keeping your account in good standing. If you have any questions please contact our billing office at 423-610-3607 or our main number 423-283-7302 and ask for billing.

I have read and understand ETASC's Payment policy and the above assignments. I will be responsible for the patient listed below.

Printed name of patient

Account Number

Signature of patient or responsible party

Date