

FINANCIAL RESPONSIBILITY ACKNOWLEDGEMENT

Dear Patient,

Thank you for choosing Nevada Surgical Suites for your health care needs.

Payment for services is due at the time services are rendered. We accept cash, Mastercard, Visa, and Discover. We will submit an insurance claim on your behalf. Please notify our office immediately if your insurance information changes.

- All deductibles, coinsurance and copays are due at the time of service and must be paid by cash, credit/debit or Care Credit. No checks will be accepted for copays.
- As a courtesy Nevada Surgical Suites verifies your benefits with your insurance prior to your scheduled procedures. A quote of benefits is an estimate and is not a guarantee of payment. Claims will process according to your plan and the final patient responsibility will be determined at that time.
- Your insurance policy is a contract between you and your insurance carrier. We are not a party to that contract. Our relationship is with you. You are responsible to know your insurance benefits. We can assist you in finding sources for this information.
- Once claims have processed, Nevada Surgical Suites will send you a patient statement for any balances due. If you have any questions or disputes it is your responsibility to contact our billing department within 30 days. Please make sure that you update us with any changes of address.
- You have the right to waive your insurance at any time. If you do not inform us of your insurance carrier information at the time of service, you are voluntarily waiving your right to use your insurance, and will be responsible for the fees incurred.
- We will release any requested medical records or documents to your insurance carrier if required.
- Our office will attempt to collect fees from your insurance carrier. If your carrier denies payment, these fees will be transferred to you.
- ANY RETURNED CHECKS WILL BE SUBJECT TO A \$25 FEE.
- All scheduled procedures are subjected to a \$50 "No show" fee unless cancelled within 24 hours prior to the appointment date. This fee is not billable to any insurance or attorney and is payable prior to any future visits.
- Financial arrangements may be made in advance of the procedure date through our Billing department.
- You are responsible for any collection fees, legal fees, or court costs for balances not paid.

If you have any questions or concerns, please ask our staff.

By signing this form you acknowledge that you have read and accept this agreement.

Patient Signature

DATE