

# Metromac Anesthesiology, LLC

## Financial Policy

Metromac Anesthesiology is the provider of anesthesia services for your procedure. We are committed to your treatment being successful. Please understand that payment of your bill is expected as part of your treatment. We welcome the opportunity to discuss any aspect of our financial policies with you or your legal/authorized representative. Please contact our billing agent using the information provided below. The following is a statement of our financial policy that we require you to read and sign before treatment.

To provide optimum patient safety, the anesthesiologist directing the anesthesia care team is responsible for management of team personnel, patient pre-anesthetic evaluation, prescribing the anesthetic plan, management of the anesthetic, post-anesthesia care and anesthesia consultation. The anesthesia care team consists of physicians specially trained in anesthesiology supervising qualified non-physician anesthesia providers who are trained in the provision of anesthesia care. The anesthesiologist may delegate patient monitoring and appropriate tasks to these non-physicians providers while retaining overall responsibility for the patient.

Depending on the combination of providers utilized in your care and the requirements of your insurance company, you may receive multiple charges relating to the same services for anesthesia. This is not a duplicate or fraudulent billing.

### **We Accept CASHIERS CHECKS, VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS**

We will submit a claim to a secondary insurer (if you have one) if we have the necessary information, which includes the Explanation of Benefits (EOB) from your primary insurer.

If an insurer covers you with whom we do not have a contract (primary or secondary), or if you are uninsured, we expect payment in full for our services. We can provide you with a good faith estimate of the cost of typical services performed by our physicians for your planned procedure. We will gladly answer any questions you might have. You will be asked to sign a waiver to allow the insurance company to send the payment to Metromac Anesthesia.

If your insurance company has not paid your account in full within thirty days (30), we will automatically transfer the balance to your account and you will need to follow up with insurance representative for nonpayment. It is the responsibility of the policyholder to contact their insurance companies regarding denial or nonpayment of services by our office. We will help you with information you may need to make these calls. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare program or other medical insurance.

The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to your contract. It is the responsibility of the policyholder to contact their insurance companies regarding denial or nonpayment of services by our office.

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment despite any insurance company's arbitrary determination of usual and customary rates.

Following any applicable insurance processing, we will bill you for any balance due on your account. Payment in full is due upon receipt. Your statements explain your patient responsibility as well as the balance pending from your insurance.

Please feel free to contact our billing agent, Anesthesia Business Consultants, at (800)-222-1442, or P.O. Box 845898, Dallas, TX, 75284

Print Name: **X** \_\_\_\_\_

Date: **X** \_\_\_\_\_

**X** \_\_\_\_\_  
(Signature of Patient or Patient's Legal Representative)

## IMPORTANT NOTICE REGARDING YOUR HEALTH INSURANCE

Metromac Anesthesiology, LLC may not be part of your health insurer's network. You may pay more for the services provided by your doctor because:

1. Your doctor's charge may be higher than the amount your health insurer will pay and , if so, you must pay the difference; and
2. Your coinsurance, deductible and out of pocket maximum may be higher because your doctor is not in your health insurer's network.

Your doctor will provide you with following information to help you understand what you will have to pay for the services you will receive from your doctor:

1. An estimate of the cost of the services;
2. Any payment terms your doctor offers to help you pay for the services; and
3. Whether your doctor will charge you interest on any unpaid balance.

I, [patient name] **X** \_\_\_\_\_ received the information above and authorize my health insurer to reimburse my doctor directly for the services provided [today's date] **X** \_\_\_\_\_.

Print Name: **X** \_\_\_\_\_

Date: **X** \_\_\_\_\_

**X** \_\_\_\_\_  
(Signature of Patient or Patient's Legal Representative)