Date:

Dear

Your insurance company requires we bill every procedure code your surgeon performs. Because of this requirement by your insurance company, the bill we send to the insurance company will be large. The bill is adjusted by your insurance company to their usual and customary fees. These fees are based upon what they pay other facilities for the same service.

Your insurance company will not tell us before the surgery what their usual and customary fees are. We therefore cannot calculate what your copayment and deductible will be. So you can know what your exact out of pocket fees are before the surgery, we use the rates charged at the local contracted facilities and offer a discount, if paid on the day of surgery.

Based on your surgeons anticipated procedure(s), your total facility expense for the surgery center came out to . This amount will be due at the time of your surgery. THIS WILL BE YOUR TOTAL OUT OF POCKET PAYMENT FOR THE SURGERY CENTER.

$

**YOU WILL BE BILLED SEPARATELY FOR ANY ANESTHESIA AND/OR PATHOLOGY SERVICES YOUR SURGEON ORDERS. THE ABOVE AMOUNT ONLY PERTAINS TO THE FACILITY FEE.**

Because we are not contracted with insurance companies, they may send a check for our services made out to you. This check needs to be forwarded to the surgery center for payment of your facility bill. **Please bring the insurance check to the facility immediately and we will have you endorse the check**. If you fail to do so, then our agreement to accept the insurance payment as paid in full on your surgical account, will be null and void and it is our policy to balance bill you for all billed charges and we may consult a collection agency to retain the monies due to [insert facility name]. In the event that we turn you over to our collection agency, you will be responsible for the collections fees as well.

If you have any further questions in regard to these policies or checks you may receive, please feel free to contact us.

Our phone number is 480-550-6493.

Sincerely,

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