

Assignment of Benefits

I hereby authorize any benefits due me under my insurance to be paid in accordance with this assignment. In consideration of out patient surgical services rendered me or my dependent, on the documented date below. I hereby assign and transfer any benefits due.

Out patient surgical services benefits to: **Camp Lowell Surgery Center**
4620 East Camp Lowell Drive
Tucson, AZ, 85712

Financial Agreement

Camp Lowell Surgery Center offers a lower cost alternative to an Acute Care Hospital, while maintaining the highest level of quality care.

The facility fee for each procedure includes:

Pre-operative examination, use of the operating room, Recovery room, medical equipment, some supplies, some medications, all Nursing Care and Operative Report sent to your doctor

Camp Lowell Surgery Center **does not bill** for the services of your anesthesiologist or surgeon. You will receive separate billings from your anesthesiologist & your surgeon. Should you have questions regarding these bills please call the anesthesiologist or surgeon's offices.

Our facility **does not include** the fee for laboratory and pathology services. You will be billed separately for those services. We will supply outside providers of services, with the insurance information you provide upon admission to the Camp Lowell Surgery Center.

You also may receive separate bills for any durable medical equipment not covered by your insurance policy (if applicable).

Our business office will bill your insurance company as a courtesy to you. Payment from your insurance company and explanations of benefits normally take 30-60 days to process. You will be sent a statement informing you that your insurance has been billed. **It is suggested that you call your insurance company after 30 days to check the processing of your claim. If your payment is not received in 60 days, you may be expected to pay your account in full.** If you receive a payment directly from your insurance company, it is your responsibility to forward the payment to the surgery center along with any explanation of benefits.

By signing the CONSENT you are also accepting responsibility for payment of charges due to CAMP LOWELL SURGERY CENTER.

Charges exceeding your insurance benefits are due upon receipt of our statement. Deductibles and co-payments are due the day of services.

Payment in full is required on the date of services for any procedure not covered by insurance or if you have no insurance. For your convenience we accept Discover, American Express, Mastercard or Visa.

If for any reason your account must be forwarded to a collection agency, you will be charged the additional facility fees, the agency's collection fees, and possibly **18%** monthly interest on remaining balance.

Please feel free to contact the business office at 520-495-1075 should you have any questions regarding our financial policy or billing procedures.

I have read and understand the above.

_____ Date _____
Responsible Party Signature

_____ Date _____
Witness

CAMP LOWELL SURGERY CENTER

4620 East Camp Lowell Drive
Tucson, AZ, 85712 520-618-6058 Fax: 520-618-5891