

ASSIGNMENT OF BENEFITS

I hereby authorize any benefits due me under my insurance to be paid in accordance with this assignment and in consideration of outpatient surgical services rendered me or my dependent, on the documented date below. I hereby assign and transfer any benefits due to: **Camp Lowell Surgery Center, LLC**

**4620 E. Camp Lowell Drive
Tucson, AZ 85712**

MEDICAL RECORDS RELEASE

Camp Lowell Surgery Center **does not bill** for the services of your anesthesiologist, surgeon, laboratory, or pathology. You will be **billed separately** for those services. By signing this release, you agree to allow us to supply these outside providers with records necessary for continuation of care related to this visit and the insurance information you provide upon admission to the Camp Lowell Surgery Center. Should you have questions regarding any of these bills please call the anesthesiologist, surgeon's office, laboratory or pathology providers. You also may receive **separate bills** for any durable medical equipment or implants not covered by your insurance policy.

FINANCIAL AGREEMENT

Camp Lowell Surgery Center offers a lower cost alternative to an acute care hospital, while maintaining the highest level of quality care. We will submit your claim for all services to your insurance company unless instructed differently by you. Please remember your individual health insurance policy is a contract between you and your insurance company, and we are not a party to that contract. Be aware that some of our services may not be covered by your insurance policy. By presenting for care, you agree that you are responsible for all services and charges, regardless of your insurance status. Should any provided services not be covered by your insurance, we will not alter your claim, change your diagnosis, or report a different service than that which was performed so that your insurance will cover the charge. You will be responsible for the balance.

The facility fee for each procedure includes: pre-operative examination, use of the operating room, recovery care, most medical equipment, supplies & medications, all nursing care and operative report sent to your doctor.

Our business office has verified your insurance and we have **ESTIMATED** your financial responsibility based on the scheduled procedure. This is only an **ESTIMATE** and may change depending on how your insurance company processes your claim or what procedure your physician performs. Deductibles and co-payments are due the day of service unless prior arrangements have been made. Payment in full is required on the date of service for any procedure not covered by insurance or if you have no insurance. Charges exceeding your insurance benefits are due upon receipt of our statement. If there is a credit on your account, we will refund you the overpayment. Payment from your insurance company and explanation of benefits generally takes 30-60 days to process. If your insurance has not paid within 60 days, you may be expected to pay your account in full. If the insurance payment is mailed directly to you, it is your responsibility to forward the payment to the surgery center along with any explanation of benefits.

For your convenience we accept Discover, American Express, MasterCard, Visa, personal checks, cashier's checks or cash. Camp Lowell Surgery Center charges a fee on all returned checks as permitted by Arizona law. If for any reason your account must be forwarded to a collection agency, you will be charged the agency's collection fees and possibly an **18%** monthly rebill fee. We reserve the right to disclose nonpayment information to all credit bureaus.

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 I understand the statements above.

Responsible Party Signature / Date

Witness Signature / Date