

Bay Surgical Specialists, PA Financial Policy

If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve this goal, we need your assistance and understanding of our financial policy.

CO-PAYMENTS AND DEDUCTIBLES: These payments must be made at check-in. Bay Surgical Specialists accepts cash, personal checks (in-state only), VISA, MasterCard, American Express and Discover. There is a service charge for returned checks. Patients with an outstanding balance referred to collection must make arrangements for payment in full prior to scheduling appointments. If you need assistance or have questions, please contact **Amy Browning, Billing Manager, between 8:30 a.m. and 5:00 p.m., Monday through Friday at 727-821-8101 ext 223.**

CREDIT CARD ON FILE: In addition to collecting your co-payment for today's visit, you will also be required to provide us with a valid credit card for future amounts due. This is necessary due to the increase in high deductible plans and higher patient co-insurance. Your credit card information is stored with a secure payment processing service that is fully compliant with privacy laws. Your credit card will not be used until your insurance company has processed your claim and has issued an Explanation of Benefits (EOB) showing what you owe to the doctor. *We will only bill your credit card the amount that your insurance company has determined is your responsibility.* We will notify you in advance before we process funds from your credit card.

MANAGED CARE: If you are enrolled in a managed care insurance plan (i.e., HMO), you must obtain a referral from your Primary Care Physician before you can be seen at Bay Surgical Specialists. Retroactive referrals are not always granted by the Primary Care Physician. It is your responsibility to ensure that your visit has been authorized prior to your appointment.

MISSED APPOINTMENTS/LATE CANCELLATIONS: Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand Bay Surgical Specialists, PA Financial Policy. I agree to assign insurance benefits to Bay Surgical Specialists' Practice whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Signature of Insured or Authorized Representative: _____

Date: _____

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