

PHYSICIANS PLAZA SURGICAL CENTER

To Our Patients:

We understand that having a surgical procedure can be a stressful event and with so many considerations to make, questions about the billing and payment for services associated with your procedure are sometimes over looked or somewhat confusing at best. The following information will hopefully answer some of these questions for you. Please do not hesitate to call our Business Office should you have any further questions.

Insurance Information

We know that health care insurance can be confusing. Please take a brief moment to review this page to help you understand some key points about your insurance as it relates to your procedure at Physicians Plaza Surgical Center.

- A financial counselor from Physicians Plaza Surgical Center will contact you prior to the day of your procedure to give you an estimate of your personal portion of the cost of your procedure. This estimate is based on the procedure(s) your physician has scheduled and the type of insurance plan you have.
- It is important to know that this is only an estimate. Sometimes the surgeon needs to do more or maybe even less during the procedure than what is originally scheduled. These changes may affect your final financial responsibility to Physicians Plaza Surgical Center.
- Payment of co-pays, coinsurance and any deductible amounts that are due are expected upon check in to the center. A description of each is as follows:

A **co-pay** is a form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received. The insurer is responsible for the rest of the reimbursement. There may be separate co-payments for different services. Some plans require that a deductible first be met for some specific services before a co-payment applies.

A **deductible** is a fixed dollar amount during the benefit period (usually a year) that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles. Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission. Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.

A **coinsurance** is the amount due by the patient after the insurance has paid and applied all deductibles and co-pays. This is the amount that is usually described at "Patient Responsibility" or "Member Responsibility" on the Explanation of Benefits. It is usually a percentage of the allowed amount covered by your insurance (i.e. 80/20; 70/30; 90/10). Because we contract with many insurance carriers, we can many times determine the patient's coinsurance in advance based on the information received by your physician's office at the time of scheduling.