



Self-Pay and Insured Patients Payment Policy

We are pleased that you have chosen to bring your care and healthcare concerns to Southeastern Surgery Center. In order to provide the best possible services for the patients we see, we would like you to understand our Self-Pay and Insured Patients Financial Policy. We look forward to working with you. Please feel free to contact us with any questions or concerns. Please discuss them with the Business Office Manager. We are dedicated to providing the best care and services to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Full payment or an signed agreement and payment as indicated below is due at time of service. For your convenience, the following method of payment are accepted: cash, checks and credit cards.

Insured Patients: We participate in most insurance plans. We have made prior arrangement with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized deductible, copayment and coinsurance at the time of service. This surgery center policy is to collect these amounts when you arrive for surgery.

Self-Pay Patients: If you are not insured by a plan we are in network with, or you are uninsured you will be considered a Self-Pay patient and your payment is expected in full at time of surgery. In order to make our services accessible to patients without healthcare coverage, we offer a 30% discount for self-pay patients if patients are prepared to pay for services in full at time of service rendered.

Patients that are unable to pay the entire amount that is due date of service. Please review the following payment arrangements as follows:

If your balance or deductible that is due and exceeds \$1500.00 or less Southeastern Surgery request, you pay 50% at admission and payment of the remaining 50% in 30 days.

If your balance or deductible that is due and exceeds \$1501.00 or more Southeastern Surgery request, you pay 50% at admission, 25% in 30 days and the remaining 25% in 60 days.

Patients Name: _____

Patients Signature: _____

Patient DOB: _____