

Westover Hills Surgery Center
1927 Rogers Road
San Antonio TX 78251
Patient Payment Agreement Form

NOTICE TO PATIENTS UTILIZING OUT-OF-NETWORK BENEFITS

We are pleased that you have chosen our facility for treatment. Your insurance company has a group of doctors, hospitals and health care facilities that are part of its network. Using these providers typically lowers your financial responsibility. Our facility does not currently have a contract with your insurance company, and therefore we are considered an out-of-network (OON) facility for your insurance plan and may cost more than an in-network provider. Fortunately, as a courtesy to you and your surgeon, we are able to honor your lower, in-network cost when billing for your treatment at our facility, provided you agree to follow certain requirements explained below.

Please be aware of the following requirements related to OON billing and payments:

- Following your procedure at our facility, we will bill your insurance company. Your insurance company will then process your claim based on the OON benefits available to you under your plan and make payment for our services.
- Although you have chosen an OON facility for treatment, in order to ensure that you have reasonable access to your desired facility, we will not bill you for the difference between our total billed charges and your insurance company's allowable charges.
- THE INSURANCE COMPANY'S PAYMENT THAT IS DUE TO OUR FACILITY MAY COME DIRECTLY TO YOU. If that occurs, you agree to endorse the check and forward it directly to our facility at the address shown above, along with a copy of the explanation of benefits (EOB) form that accompanied the check, within 15 days from the date your insurance company sent the payment to you. Including the EOB form will allow us to post the payment to your account and properly apply any discounts per our commitment to honor your in-network benefits.
- If you fail to forward this payment and EOB form as required above, you agree to pay to us our total billed charges, with no application of your plan's in-network discounts, and collection agency action will begin 30 days from the date your insurance company sent the payment to you.
- Please note that your plan may not allow you to count the amount you pay to us as an OON facility toward your in-network deductible. Please familiarize yourself with your health coverage benefit design.

I understand and agree to the requirements communicated above. I understand that Westover Hills Surgery Center will charge me only my in-network responsibility for treatment rendered, except in the event I fail to forward payment as required above, I agree to comply with all of the requirements listed above, including without limitation that should my insurance company pay me directly for services obtained at Westover Hills Surgery Center, I will immediately forward that payment along with the explanation of benefits form directly to the facility to apply to my outstanding balance.

Signature of patient or person acting on patient's behalf

Date

Witness

Date