

SHREWSBURY SURGERY CENTER  
655 SHREWSBURY AVENUE  
SHREWSBURY, NJ 07702  
PHONE 732-450-6000

Statement of Financial Responsibility

COMMERCIAL INSURANCE AND SELF PAY PATIENTS

Shrewsbury Surgery Center (SSC) will bill your primary and secondary insurance carrier for the services you receive in our center, in accordance with all applicable laws and rules regarding patient privacy and security to ensure the confidentiality and safety of our patients' medical records. If we are out of network with your carrier, SSC will accept the payment received from your insurance carrier(s) as the payment in full. You will, however, be expected to pay any co pay as indicated by your insurance carrier on the day of surgery.

The following is a list of reasons why you may receive a bill and be required to pay for your services from SSC:

- 1) If payment is denied by your carrier due to pre-existing conditions
- 2) If you do not provide information requested by your insurance carrier
- 3) If your policy benefits have been exhausted (i.e. you've reached your benefit maximum)
- 4) If your workers compensation or motor vehicle carrier denies your claim as unrelated
- 5) If your insurance carrier mailed payment to you rather than SSC and you did not forward the payment as instructed below
- 6) If you have an attorney's letter of protection and the case does not settle in your favor
- 7) If we have had no response OR no payment from your insurance carrier
- 8) If we participate with your carrier, you will be billed according to your plan
- 9) If you are a Self-Pay patient, be advised that these are estimated charges and if your physician should use additional Operating Room time then the balance would be your financial responsibility and billed directly to you. All implants and prosthesis fees are the direct responsibility of the patient and will be billed accordingly.

You may receive a reimbursement check for the facility's fees. PLEASE DO NOT DEPOSIT THE CHECK. Endorse the check and forward it with the accompanying explanation of benefits to (has occurred.) If you do not turn over the check and the explanation of benefits, you will be responsible for the bill IN FULL plus any court fees or attorney's fees incurred in the collection of your account.

MEDICARE or MILITARY PATIENTS

(This section applies to Medicare, Champus, Tricare and US Family patients.)

SSC is a participant in the Medicare insurance program. We accept assignment for your facility fee. We also accept assignment on all military insurance listed above. To comply with federal regulations, you will be billed and are responsible for payment of your yearly deductible and any applicable coinsurance amounts. If you have secondary insurance coverage, we will bill that carrier for any balance before billing you.

ANESTHESIA CHARGES

The Center's anesthesia provider, Shrewsbury Ambulatory Anesthesia Associates (SAAA), will bill your insurance separately for their services.

In the event you receive a reimbursement check for services provided by SAAA, PLEASE DO NOT DEPOSIT THE CHECK. Please endorse and forward the check with the accompanying explanation of benefits to SAAA, PO Box 188, Little Silver, NJ 07739. If you have any questions, please contact SAAA's billing office at (732) 264-1127.

----- agree to these terms and conditions.

*(Please print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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*Relationship to patient*