

**State of Florida Transparency in Health Care Legislation
Coastal Surgery Center**

Services may be provided in this health care facility by the facility as well as other health care providers who may separately bill the patient and who may or may not participate with the same health insurers or health maintenance organizations as the facility.

Patients and prospective patients may request from this facility and other health care providers a more personalized estimate of charges and other information. Patients and prospective patients should contact each health care practitioner who will provide services in the ASC to determine the health insurers and health maintenance organizations with which the health care practitioner participates as a network provider or preferred provider.

Average surgery center charge is \$750

If you still have questions after you have read this information, please do not hesitate to call us.

Stage II Anesthesia

14402 Marina San Pablo Place Unit 903

Jacksonville , FL 32224

Quest Labs

4225 East Fowler Avenue

Tampa, FL 33617

Piedmont Pathology Associates, Inc.

1899 Tate Blvd SE Suite 1105

Hickory, NC 28602

395.301 Price transparency; itemized patient statement or bill; patient admission status notification.

(1) A facility licensed under this chapter shall provide timely and accurate financial information and quality of service measures to patients and prospective patients of the facility, or to patients' survivors or legal guardians, as appropriate. Such information shall be provided in accordance with this section and rules adopted by the agency pursuant to this chapter and s. 408.05. Licensed facilities operating exclusively as state facilities are exempt from this subsection.

(a) Each licensed facility shall make available to the public on its website information on payments made to that facility for defined bundles of services and procedures. The payment data must be presented and searchable in accordance with, and through a hyperlink to, the system established by the agency and its vendor using the descriptive service bundles developed under s.408.05 (3)(c). At a minimum, the facility shall provide the estimated average payment received from all payors, excluding Medicaid and Medicare, for the descriptive service bundles available at that facility and the estimated payment range for such bundles. Using plain language, comprehensible to an ordinary layperson, the facility must disclose that the information on average payments and the payment ranges is an estimate of costs that may be incurred by the patient or prospective patient and that actual costs will be based on the services actually provided to the patient.

FINANCIAL ARRANGEMENTS

Making Arrangements

Please contact the facility prior to surgery to make financial arrangements, ask any questions you may have and to be sure you are pre-admitted. In most cases, we should be able to estimate the cost of surgery beforehand. Our staff will also help you finalize your financial/payment arrangements prior to surgery.

Charges

Billing for the facility and physician(s) are separate. The surgery center charges include use of the operating room, equipment and supplies for surgery. You will be billed separately for the services of your surgeon, anesthesiologist or other provider (if applicable).

Payments

Uninsured and cash patients will be required to pay the facility fee for service prior to the delivery of care. For patients with insurance, your plan benefits will be verified and you will then be notified of your financial responsibility per the information provided by your carrier. As a courtesy to our patients, we accept Visa, MasterCard, American Express, Discover Card, debit cards and Care Credit.

The benefit information provided prior to the delivery of care is considered to be only an estimate. Once your insurance company has been billed for services, there may be an additional balance due which is your responsibility. You will be billed for any additional fees that may be listed a patient responsibility by your carrier and prompt payment is expected. The facilities reserves the right to accept or decline patients on an individual bases in regards to financial agreements.

INFORMATION ON PAYMENTS/FINANCIAL ASSISTANCE

Our financial assistance program offers a variety of ways to modify a patient's financial responsibility for services rendered by the surgery center. Certain service providers (such as Anesthesiologists or laboratories) bill for their services separately from the surgery center and may offer their own financial assistance program—please contact them for further information regarding their services.

Payment Plans

Each patient is expected to pay his/her estimated financial liability on or before the day of service. In the event a patient is unable to pay the estimated liability in full, our surgery center may, but is not obligated to, offer a short term repayment schedule after a minimum down payment is made. For an extended repayment schedule, a patient will need to secure financing with an outside source. Please contact us for further information.

Discounts

Patients who are not eligible to receive services paid for by insurance or other third party payment sources may be eligible to receive an uninsured discount from our facility. The discount is a set percentage off of charges and is subject to change. If a patient's services are subsequently found to be covered by insurance or other third party payment source, the uninsured discount may be disallowed.

Out of Network

A patient receiving treatment at our surgery center under insurance with which our facility is out of network may be eligible to receive an adjustment to their assigned out of network patient liability, assuming our facility is not prohibited from offering Out of Network adjustments under state/Federal laws or your insurance company's provisions. If not prohibited, the application of any out of network discount is subject to vary based on a patient's benefit coverage. Accounts which become delinquent may have the adjustment disallowed.

Collection Procedures

As a courtesy to our patients, we will file an insurance claim on behalf of the patient to his/her insurance plan. A patient is expected to respond to his/her insurance plan's request for information timely, as needed, in order to minimize claims processing delays.

Patients are expected to comply with their financial obligations in a timely manner including paying the estimated portion by the day services are received, and any remaining portion upon finalization of the claim by the payer. Further, patients are expected to remit any payments made directly to them (as opposed to the facility directly) from out of network insurers.

The facility will attempt to reach a patient by any method available to us to secure payment on any outstanding balance utilizing internal and external resources. If the account becomes delinquent, it may be placed with a collections agency or attorney for collection. In that case, the patient may also become liable for all costs and fees expended on collection attempts.

Useful Links

Patients may access the State of Florida's Agency for Healthcare Administration website at this link for general information:www.ahca.myflorida.com

Patients may access the State of Florida's Agency for Healthcare Administration website at this link for information about our surgery centers:www.floridahealthfinder.gov

patient@coastalsurgery.com.