

FINANCIAL POLICY

Prior to your visit we will contact your insurance company to verify coverage and benefits. Please be advised that verification of coverage and benefits is not a guarantee of payment.

You, as the patient are financially responsible for your co-pay, coinsurance, deductible, and any other amount your insurance company deems as your responsibility.

It is our policy to collect co-pays, co-insurance or any other amount due at the time of service as indicated by your insurance company, when we verified your coverage and benefits. We will also collect the deductible at the time of service, as verified with your insurance carrier. Please be aware that we offer an interest free payment plan through Care Credit to pay your outstanding balance. To sign-up you can call Care Credit directly at (800) 365-8295 or via the internet at www.carecredit.com.

If you have a balance due that was not determined when your insurance was verified, we will issue a billing statement requesting prompt payment.

Payment can be made by check payable to Ridgedale Surgery Center. There is a \$35 returned check fee. For your convenience we accept the following credit cards: Visa, Master Card, American Express, and Discover.

Ridgedale Surgery Center does not extend credit and payment for services rendered is expected immediately upon receiving our billing statement. You may receive up to three statements from the surgery center requesting payment. If payment is not received within 10 days of the third and final statement, your account will be sent to collections. Unpaid balances are subject to collection and/or attorney fees.

We must emphasize that as an ambulatory surgery center, our relationship is with you, not your insurance company. All charges are strictly your responsibility from the date services are rendered. Temporary financial problems or resolving and inquiring about your benefits and/or payment with your insurance carrier may affect your ability to make timely payment on your account. However, we expect you to pay your bill in full as agreed to at registration.

Any payment you make to Ridgedale Surgery Center that is deemed an overpayment will be refunded to you within 30 days of our receiving such notification. If you lose the check or fail to cash the check in a timely manner, you will be charged a re-processing and a stop payment fee for the replacement check of \$35.

We have 90 days from the date of your procedure to submit the claim to your insurance carrier. If you fail to provide us with current insurance information, we will not re-bill any other insurance carrier beyond 90 days. The claim will be deemed “untimely filing” and will not be paid. You will be responsible for the charges. This applies to primarily Coordination of Benefits issues.

You may receive other bills from independent providers as a result of your procedure performed at our facility. You may contact them accordingly if you have billing questions:

Anesthesia: Ambulatory Anesthesia Physicians LLC
Morris Anesthesia
Tel: 856.359.7201 Tel: 973.335.1440

Pathology: Aurora Diagnostics Pathology Solutions Genesis Laboratory Management
732.389.5200 Press 2 for billing Tel: 732.389.1530

QDX Pathology
866.909.7284

If you have any questions regarding your account with Ridgedale Surgery Center, please call (973) 605-5151 and ask to speak with someone in the billing department.