

## ZITELLI & BRODLAND OFFICE POLICIES

Thank you for choosing us. We appreciate your trust in us and the opportunity to serve you. As part of our practice, we try to offer efficient and helpful billing services. We ask you to read the following statement of our financial policy. Statements regarding Financial Interest Disclosure, Protected Health Information, Advance Directives, and Credit Cards follow.

### FINANCIAL POLICY

- Payment for non-covered or cosmetic procedure is due at the time of service.
- We accept cash, check, or credit cards.
- 12% service charge will be added to bills over 30 days old.

### PARTICIPATING PLANS

We will be happy to bill insurance plans with which we participate. Prior to your visit, we will verify your insurance. We will notify you in advance of your visit if you will have any co-pays, co-insurance, or deductible amounts for which you will be responsible. Please note, some insurance plans stipulate that the patient is responsible for a physician co-pay and an Ambulatory Surgical Facility co-pay. Co-pays, deductible, and co-insurance amounts are due from the patient on the day of service.

By my signature below, I request that payment of authorized Medicare and/or Medigap or the insurance carrier be made either to me or on my behalf to Zitelli & Brodland, PC for any services furnished to me. I authorize any holder of medical information about me to release to Center for Medicare Services (CMS) and its agents and/or other insurance carriers any information needed to determine benefits payable for services.

### NON-PARTICIPATING PLANS

As a courtesy to you we will bill your insurance carrier if you provide us with complete insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account within 30 days, the balance will be assessed for payment. You should remit payment within 30 days or contact your insurance company to check on status of the claim. Please notify us immediately upon contacting your insurance company or if there is anything we can do to help settle this claim.

### USUAL AND CUSTOMARY RATES

Our Surgical Facility is committed to providing the best care for our patients. Our charges are within the usual and customary charges for our specialty in our area. You are responsible for payment regardless of any non-participating insurance company's arbitrary determination of usual and customary rates.

### FINANCIAL INTEREST DISCLOSURE

Dr. Zitelli and Dr. Brodland have a financial and ownership interest in the Surgical Facility. By consenting to have your surgery at our Surgical Facility, you acknowledge that you have elected to have your procedure performed at the Surgical Facility after considering both the physician's financial interest in the Surgical Facility and your choice to have the procedure performed at a different facility.

HEALTH INFORMATION NOTICE

Our Surgical Facility is committed to protecting the confidentiality of our patients' medical and health information (Protected Health Information). Our Notice of Health Information Practices details our policy. This policy is available to patients at any time upon request.

PATIENT RIGHTS & RESPONSIBILITIES

Our Surgical Facility's policy on Patient Rights and Responsibilities is available to listen to during our pre-op call to our patients and also is printed in our surgery brochure sent to patients prior to surgery. Additional copies are available at any time and we are happy to answer any questions or discuss any component of these Rights and Responsibilities.

ADVANCED DIRECTIVES

Advance directives are legal documents that allow individuals to convey decisions about end-of-life care ahead of time. They provide a way for individuals to communicate his or her wishes to family, friends and health care professionals, and to avoid confusion later. Advance Directives do not apply during the time of procedure at our Surgical Facility. All life saving measures will be taken during your procedure at our Facility even if you have a fully executed Advanced Directive to the contrary. If you do have Advance Directives at the time of your admission to our Surgical Facility, and provide us a copy, your Advance Directives will be placed on your record. In the unlikely event that an emergency arises, and you would need to be transferred to the hospital for further care, your Advance Directives will be sent with your chart to the receiving hospital.

CREDIT CARD POLICY (REFERS TO SEPARATE PURPLE SHEET GIVEN TO PATIENTS WHO CONSENT TO KEEPING CREDIT CARD ON FILE)

SIGNATURE REQUEST

By my signature below, I acknowledge that I have been informed of the Health Information Practices, the Policy on Patient Rights and Responsibilities, and the Facility Financial Interest Disclosure, and that I have read, understand, and agree to the Financial Policy.

By my signature below, I request that payment of authorized Medicare and/or Medigap or the insurance carrier be made either to me or on my behalf to Zitelli & Brodland, PC for any services furnished to me. I authorize any holder of medical information about me to release to Center for Medicare Services (CMS) and its agents and/or other insurance carriers any information needed to determine benefits payable for services.

By my signature below, I also acknowledge that I have received the aforementioned Advance Directives notices provided by the Surgical Facility prior to the date of my procedure, or if my procedure has been scheduled the same day as my referral, I have received the notices prior to the Surgical Facility obtaining informed consent for the procedure to be performed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Do you have Advance Directives (i.e. Living Will or Medical POA)?

Yes (if yes, please provide)

No

I have read the Credit Card Policy and authorize Zitelli & Brodland to charge by debit or credit card.

Yes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

No