

Price Transparency and Patient Billing

Website

Each center shall make available to patients and prospective patients price transparency and patient billing information on its website regarding the availability of

- Estimate of costs that may be incurred by the patient
- Financial assistance availability
- Billing practices
- Hyperlink to the Agency's service bundle pricing website
- Review transparency content and update every 90 days if necessary
- (Service bundles means the reasonably expected center services and care provided to a patient for a specific treatment, procedure, or diagnosis.)

The center's website must include:

- A hyperlink to the Agency's pricing website information on payments made to the facilities for defined service bundles and procedures.
<http://pricing.floridahealthfinder.gov>;
- A statement informing patients and prospective patients that the service bundle information is a non-personalized estimate of costs.
 - Actual costs will be based on services actually provided to the patient.
 - Inform patients and prospective patients of their right to request a personalized estimate from the center.
- A statement informing patients of the center's financial assistance policy, charity care policy, and collection procedure.
- A list of names and contact information of health care practitioners and medical practice groups contracted to provide services within the center with the specialty and services provided.

Example:

Anesthesia Group Name, Contact Info

Pathology Name, Contact Info

Surgery Center Name, Contact Info

- Inform patients to contact the health care practitioners anticipated to provide services to the patient while in the center regarding a personalized estimate, billing practices and participation with the patient's insurance provider or health maintenance organization (HMO) as the practitioners may not participate with the same health insurers or HMO as the center.
- Estimate. The center shall provide an estimate upon request of the patient, prospective patient, or legal guardian for non-emergency medical services.
- An estimate or an update to a previous estimate shall be provided within 7 business days from receipt of the request. Unless the patient requests a more personalized estimate, the estimate may be based upon the average payment received for the anticipated service bundle.

Every estimate shall include:

- A statement informing the patient to contact their health insurer for anticipated cost.
- A statement advising the patient that the actual cost may exceed the estimate.
 - The web address to financial assistance policies, charity care policy, and collection procedure.
 - A description and purpose of any facility fees, if applicable.
 - A statement that services may be provided by other health care providers who may bill separately.
 - A statement, including a web address if different from above, that contact information for health care practitioners and medical practice groups that are expected to bill separately is available on the center's website; and.
 - A statement advising that the patient may pay less for the procedure or service at another facility or in another health care setting.
- If the center provides a non-personalized estimate, the estimate shall include a statement that personalized estimate is available upon request.

- A personalized estimate must include the charges specific to the patient's anticipated services.
- Itemized statement or bill. The center shall provide an itemized statement or bill upon request of the patient or the patient's survivor or legal guardian. The itemized statement or bill shall be provided within 7 business days after the patient's discharge or release, or 7 business days after the request, whichever is later. The itemized statement or bill must include: (a) A description of the individual charges from each department or service area by date. The center's contact information for billing questions and disputes.

Example Verbiage of Financial Agreements

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.

Cancellations: If you need to cancel or reschedule your procedure, you must contact our office 72 hours before your scheduled procedure. Failure to contact our office may subject you to a \$100.00 cancellation fee.

Certification: The undersigned certifies that he/she has read and understands the foregoing and fully accepts the terms specified above.

Signature of Patient

Date