



Payment Policy

Unless you make other written arrangements with the Pacific Rim Outpatient Surgery Center before the day of your surgery, the following policies will apply to your payment obligations for your surgery center care.

1. You are advised that the bill from us applies only to the facility fee for the surgery center. You will also receive care from a surgeon and an anesthesiologist and perhaps others who are not employed by the surgery center. As to their care and your obligation to pay, those are matters that you will arrange directly with them. Payment to us does not constitute payment to them.

2. The surgery center policy requires payment in full from all patients. You should be prepared on or before the day of your surgery to fulfill your financial obligations to pay for the care we provide you. Please be sure you have all your health insurance information with you. Be prepared to pay your co-insurance as estimated. If financial arrangements are needed you will need to speak with our billing dept. Please review the policies that follow and be prepared before you arrive for your surgery. Be advised that all delinquent accounts may bear interest at the maximum legal rate on the date the account becomes delinquent.

A. If you have insurance coverage with an insurance company with whom we contract with, we will bill that company on your behalf. You will be fully responsible for any co-pay, co-insurance or deductible amounts that the insurance company applies as your cost share. You may be contacted by our billing department requesting payment for your estimated cost share prior to surgery. This pre-payment is an estimate based upon the procedure(s) scheduled by your surgeon's office and your verified insurance eligibility and benefits. We recommend you contact your insurance company to verify your available benefits for outpatient surgery.

B. If either you do not have insurance coverage or have coverage with a carrier that does not contract with us, then you are fully responsible for payment of our fees. We will provide you with information about our fees before your surgery and generally expect you to pay the fee on or before the day of surgery. We will be happy to tell you what carriers we have contracts with so you can plan accordingly. Do not assume we have a contract with your carrier. Find out for sure before the date of surgery.

C. If you are in need of financial assistance due to hardship or lack of insurance coverage, please ask us for our charity care policy before the day of your surgery. Contact our business office at 360-788-7740. We may be able to give you a discount from our usual rate or offer payment options that make your care more easily affordable. We will require that you disclose personal financial information in order to assist you.

If you have any questions about payment for the services we provide you that have not been answered to your satisfaction in this policy brochure, please ask us before the date of your surgery. If you have not made satisfactory arrangements for payment before or on the day of surgery, we may decline to proceed until you do so.

Do not hesitate to call us if you have any questions or if this does not give you the information you need. Our business office phone number is 360-788-7740. We will do our best to answer your questions.

Patient or Authorized Signature:

Date:

Patient Label