

INFORMATION REGARDING YOUR CHARGES

Thank you for choosing Jupiter Outpatient Surgery Center for your procedure. We are pleased to have you as our patient.

The care provided to you at our facility involves a team of health care providers who each provide a key component of your care. Each provider will bill your insurance for the services they provide. You will receive an explanation of benefits from your insurance carrier relative to any service billed and we want to provide you with information relative to these providers so you will know what to expect.

You or your insurance will be billed for the following services:

- 1. Professional services rendered by the physician performing your procedure.
- 2. A fee will be charged by Jupiter Outpatient Surgery Center for use of the facility. This is a charge for services that includes pre-operative and recovery care, use of the procedure room, medications and supplies utilized in your care.
- 3. Envision/Sheridan Healthcorp (888-610-5651) Anesthesia services- This includes the professional services rendered by the anesthesiologist and certified registered nurse anesthetist. Some payers such as Medicare require that these services are billed separately. Anesthesia is out of network with Aetna and United Healthcare.
- 4. Evolent 866-295-1260 implants/extraordinary supplies *Only Blue Cross Blue Shield Patients.* All other insurance will be billed as part of the facility's charges.

If a biopsy is taken you can expect the following charges:

- 1. **Palm Beach Pathology** (833-692-0533) or **GastroHealth** (305-468-4194) will bill for the professional services of the pathologist who examines and provides an interpretation of the specimen.
- 2. **Jupiter Medical Center** (561-744-4440) or **GastroHealth** will bill your insurance for the technical preparation of the specimen(s) so the pathologist may examine it.

You can expect to get a bill from each individual provider if you have any financial responsibility due to their office. We hope you find this information helpful. Please let a member of our staff know if you have questions.

By signing below, I acknowledge that I have read and understand the above information.

Patient or personal representative Signature

Date

2055 North Military Trail, Suite 100 • Jupiter, Florida 33458 Phone (561) 741-1705 • Fax (561) 741-1397