Wilton Surgery Center

PATIENT FINANCIAL RESPONSIBILITY

At the Wilton Surgery Center, we believe that an important part of the service we provide is educating our patients about their benefit plan, coverage and financial responsibilities. Once we have verified your coverage and benefits with your insurance carrier, we will be able to discuss your financial responsibility with you. The information we provide will be our very best estimate of your portion of the bill, based on the information your carrier provides. This may change, depending on the procedures performed by your physician, or claims from other providers that are processed after your benefits are verified.

HELP US PROVIDE YOU WITH ACCURATE FINANCIAL INFORMATION BY MAKING SURE OUR INFORMATION IS COMPLETE AND ACCURATE.

- ✓ Bring a photo ID with your legal name and correct address; let us know if you have a separate mailing address.
- ✓ Provide us with a current e-mail address.
- ✓ Provide us with phone numbers (primary and an alternate).
- ✓ Bring all current insurance cards; please do not forget about secondary, supplemental or other insurance policies (this includes Medicare and Medicaid).
- ✓ Let us know if you have a Medicare replacement plan or Medicare Advantage plan; we'll need that insurance card in addition to your Medicare card.
- ✓ If your procedure is related to a motor vehicle accident, workers compensation claim, or will be processed by the Department of Labor, let us know so we can ensure that the appropriate approvals are in place.

If you have questions, please call us! We are here to help!

COMMONLY USED TERMS USED REGARDING THE FINANCIAL ASPECTS OF YOUR COVERAGE:

Co-payment or Co-pay: A fee that your insurance plan may ask you to pay for a specific type medical service, or type of visit, or for a supply. For example, your health insurance plan may require a $150 co-pay for an X-Ray or $50 for a brand-name prescription medication, after which the insurance company often pays the remainder of the charges.

Deductible: An out-of-pocket expense established by your insurance carrier and your benefit plan that must be met on an annual basis. Once you have paid, or "met", your deductible, your insurance plan will begin to make payments for claims. We encourage you to contact your carrier for the most up-to-date information regarding your deductible.

Co-insurance: The amount that your insurance company requires you to pay for covered medical services after you've paid any applicable co-pay or deductible fees. Co-insurance is typically shown as a percentage of the charge. For example, if your insurance company covers 80% of the allowable charge for a specific service, you may be required to cover the remaining 20% as co-insurance. Many insurance plans with co-insurances will specify what is called an "out-of-pocket-maximum", which means once the established fee level has been reached, you will no longer be responsible for co-insurance fees.

www.wiltonsurgerycenter.com
Questions?
Call us and ask to speak with a member of our Billing Team.
(203) 563-9470

Patient Financial Responsibility: The amount of money that is your responsibility, which is the total of any applicable deductible, co-pay and/or co-insurance monies owed.

The examples listed above are generic examples and are NOT based on your individual insurance plan. Please call your insurance company to verify your benefits.

IMPORTANT BILLING INFORMATION:

Bills are usually submitted to your primary insurance carrier within three days of your visit with us. If you have a secondary insurance company, a claim will be submitted to the secondary insurance after the primary insurance claim has been properly processed by your insurance carrier.

We will make every effort to ensure that you receive coverage in accordance with the specifications of your benefit plan.

You will see separate bills related to your procedure; one from your physician for his/her services and one from the Wilton Surgery Center for providing facility services, much like you would at a hospital. If anesthesia services, pathology services, or other laboratory services are involved in your care, they will also bill you separately.

If you have any questions about a bill you receive, please do not hesitate to contact us.
Thank you for the opportunity to be your outpatient health service provider.

REFUNDS:

We greatly appreciate your willingness to remit payment at the time of service! Patient responsibility is based on information provided by your insurance carrier, and reflects amounts owed at the time your benefits are verified, usually within a few days of your surgery or procedure.

Occasionally, another provider's claim will process between the time of benefit verification and when the Center's claim is processed, which may result in a refund being owed to you.

Refunds are typically processed within two weeks of receiving that information from your insurance carrier. If you receive an EOB indicating that you are owed a refund, and you have not heard from us, please call us! You may receive that correspondence before we do and if we are able to verify it (or you can provide us with a copy of the EOB), we'll be happy to expedite the process for you.

PATIENT ACKNOWLEDGMENT:

I have read and understand the information provided to me regarding my benefits and financial responsibility. I am aware that that my insurance carrier will determine how my benefits are applied to my procedure and that changes may potentially change my financial responsibility.

Wilton Surgery Center

COLONOSCOPY COVERAGE

COLONOSCOPY PROCEDURES are performed for many reasons. Insurance claims are billed and processed based on the purpose of the colonoscopy and the findings or results of the procedure. Please note that the terms described below are only a guide and may differ per the medical policies of your insurance carrier. We encourage you to contact your insurance carrier with any questions about their policies and of course, you are always welcome to contact us.

- **Screening/Preventative Colonoscopy –** A screening or preventative colonoscopy is scheduled for patients who have no current clinically significant gastrointestinal symptoms. If your insurance plan offers screening/preventative benefits, and your claim meets the criteria established by your insurance carrier, this procedure will be covered at 100% and you will have no financial responsibility. *Please note that medical policies related to screening colonoscopy procedures and coverage vary significantly among carriers.

- **Surveillance Colonoscopy –** A surveillance colonoscopy is scheduled to monitor a condition that was identified previously. Your physician may request a surveillance colonoscopy to confirm that the previously identified condition hasn't returned or worsened. *Please note that claims related to scheduled surveillance colonoscopy procedures may be reclassified by your insurance carrier, potentially changing your financial responsibility.

- **Diagnostic Colonoscopy** - A diagnostic colonoscopy is performed as a result of the symptoms (for example, abdominal pain, bloody stool, chronic diarrhea, a change in bowel habits, weight loss, or blood-loss anemia) you have presented to your physician. Many insurance carriers will also consider your personal/familial gastrointestinal history when processing a diagnostic colonoscopy claim. *Please note that claims related to scheduled diagnostic colonoscopy procedures may be reclassified by your insurance carrier, potentially changing your financial responsibility.

- **Therapeutic Colonoscopy -** A colonoscopy is typically classified as Therapeutic when an additional procedure is performed during the course of one of the types of colonoscopies listed above. For example, you were scheduled for a surveillance colonoscopy but during the procedure, findings required your physician to perform an additional procedure, like a tissue biopsy.

The examples listed above are generic examples and are NOT based on your individual insurance plan.
Please call your insurance company to verify your benefits.

100% COVERED VS. COVERED AT 100%. WHAT IS THE DIFFERENCE?

- 100% Covered means that the procedure is covered by your carrier, without exceptions or exclusions, and will be processed in accordance with the specifications of your plan. It may be reclassified as described above and will likely include financial responsibility regardless. Surveillance and diagnostic colonoscopy procedures are typically 100% covered, and will include financial responsibility per your plan specifications (for example, applicable co-insurances, co-payments and outstanding deductible fees).
- Covered at 100% means that the procedure is covered by your carrier and does not include any financial responsibility, unless reclassified to another type of procedure. Screening/Preventative colonoscopy procedures are typically covered at 100%.

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Questions?
Call us and ask to speak with a Scheduling Coordinator.
(203) 563-9470

YOUR INSURANCE CARRIER WILL DETERMINE HOW YOUR BENEFITS WILL BE APPLIED TOWARDS YOUR COLONOSCOPY PROCEDURE.

Your claim will be submitted to a certified coder to ensure that the appropriate codes are used, and then submitted to your insurance company. Coverage and patient responsibility will be determined by your insurance carrier, not the Wilton Surgery Center. The individual circumstances of your case, your benefit plan and the medical policies of your carrier will ultimately determine how your coverage is applied, regardless of how your procedure is scheduled.

We will make every effort to educate you about your coverage and potential responsibilities.

Thank you for the opportunity to be your outpatient health service provider.

PATIENT ACKNOWLEDGMENT:

I have read and understand the information provided to me regarding colonoscopy coverage, benefits and financial responsibility. I am aware that that my insurance carrier will determine how my benefits are applied to my procedure and that changes may potentially change my financial responsibility.