



NOTICE OF PATIENT FINANCIAL RESPONSIBILITY

Thank you for choosing the Polaris Surgery Center for your surgical needs. We would like to take this opportunity to explain the billing process for your upcoming procedure with us.

On your behalf, we will bill your insurance carrier for our facility charges. You should also expect to receive bills from your surgeon, anesthesiologist and any additional service providers such as *lab, pathology and/or Durable Medical Equipment such as crutches, slings and polar packs as ordered by your surgeon if not purchased prior to your visit.*

You are responsible for any co-pays, deductibles and coinsurance, as well as any non-covered services by your insurance carrier. We will be happy to assist you in determining your benefits; however the ultimate responsibility for knowing what is covered under the insurance plan lies with the patient.

We will ask you to make payment arrangements prior to your surgery. This includes a deposit of 10% of your estimated patient responsibility.

The following terms apply to Polaris Surgery Center payment plans:

- ❖ **All balances must be paid in full within 90 days if using a Polaris Surgery Center Payment Plan**
- ❖ **If balance cannot be paid in full within 90 days, you must finance the balance through Care Credit**

To assist with this, we offer the following payment options:

- 1) Payment in full on or before the date of surgery. We accept Check, Visa, Master Card, or personal check.
- 2) EPay – This allows for automatic withdraws from your checking account, or an automatic charge to your credit card each month on either the 1st or the 15th of the month.
- 3) Care Credit – For amounts over \$200, this allows you to finance your balance with us at no interest to you for up to 12 months (balance restrictions apply). For amounts over \$1000, you may finance your balance at Care Credits' current interest rate for 24 or 36 months. These options require that you complete an on-line application at www.carecredit.com. Care Credit may only be used within 120 days of the applicable date of service.

Once we receive payment from your insurance company, you will receive a statement reflecting your remaining balance. If necessary, we require that you amend your payment plan at this time to reflect your actual balance.

If you opt to use Care Credit, you will need to pay us the full amount in person or use Carecredit.com to "Pay my Provider". Care Credit transactions are not permitted via phone.

Links to make payments online through EPay and Care Credit can be found at www.polarissurgery.com. In the event of an overpayment, a refund will be issued to you promptly.

If you should have questions regarding these arrangements, please feel free to call us at 614-232-6500.