

AMSURG SAN LUIS OBISPO/TEMPLETON ANESTHESIA

IMPORTANT BILLING INFORMATION

Patient Information

OVERVIEW

AmSurg San Luis Obispo/Templeton Anesthesia will provide anesthesia services for your procedure. Anesthesia is billed separately from the physician and the facility. Anesthesia is billed based on time the anesthesia provider monitors your care. The average anesthesia charge ranges from \$1428-\$1785. This is not the amount you would pay. Your procedure will be filed with your insurance. Your patient responsibility is determined after insurance processes your claim. Your insurance will process the claim according to your plan benefits. Insurance will send you an explanation of how the claim was processed. This is not a bill. If there is deductible, co-insurance or co-pay you will receive a bill from the billing office. If you have any questions regarding processing of the claim, about the amount you may owe or about making payment arrangements please call 855-717-2680.

- If at any time you feel the claim or determination were not correct please call our office and we will be happy to assist you.

High Deductible Health Plan

If you have a high deductible health plan and **have not met your deductible** please discuss your options with the billing office.

- Option 1—We will bill your insurance company. Once they process the claim and let us know what they allow, we will apply the discount and send you a bill for the allowed amount minus any payment received. Please note if you have not met your deductible this bill may be for the full allowed amount.
- Option 2—You can choose to be considered self-pay and pay a flat amount for anesthesia services. This means you pay the self-pay amount on the date of service and **no claim** will be sent to insurance. Please note this also means you will not get credit toward satisfying your deductible.

Out of Network or Not Medically Necessary

If your anesthesia provider is out of network or if your insurance determines that your anesthesia services were not medically necessary: we will bill your insurance company and wait for the claim to process. Once the claim is processed you will receive an explanation of benefits from the payor. Please understand this explanation of benefits is not a bill. Once we receive the explanation from the insurance company we will work with them to:

Out of Network:

- Have the payor reprocess the claim as in network allowing your full benefits. If this is not possible then;
- We will determine the in network responsibility (the amount you would have owed if you were in network) and you will receive a bill for that amount only.

Not Medically Necessary:

- Appeal the decision that the services were not medically necessary.
 - If the decision is upheld, we will bill you the current self pay rate.
- If at any time you feel the claim or determination were not correct please call our office and we will be happy to assist you.