



Surgery Financial Policy

Our surgeon fees are based on the level of professional skill required and severity and complexity of your/your child's condition. **You will receive an estimate of our charges but an exact quote is not possible.** In order to provide the best treatment, it may be necessary to perform different or additional procedures than listed on the original estimate. This is not only to provide the best surgical results for your condition, but also to prevent undergoing two operations. Some surgery procedures require a surgical assistant. Should that occur in your surgery, you may incur a separate billing for the assistant's services.

It is the policy of Bridger Ear, Nose & Throat that any remaining applicable insurance deductibles and co-insurances must be paid prior to any surgery. This payment is based on information we receive from your insurance company and our estimated charges. If payment is not submitted in full prior to surgery, your surgery will be cancelled and will not be rescheduled until payment is received.

It is your responsibility to contact your insurance company. We will obtain prior authorization from your insurance company for the physician fees only. **Pre-Certification of a surgery does not guarantee payment by your insurance company.** It is the patient's responsibility to contact their insurance company prior to surgery to verify eligibility, benefits, coverage, and preauthorization requirements. It is also the patient's responsibility to check with their insurance to inquire if the condition could be considered pre-existing.

Some insurance companies use the phrase "usual and customary" when discussing professional and facility fees. Insurance companies set their own "usual and customary" rates based on a wide geographical area and the fees we charge may differ. We ask that you realize that services are rendered to a person, not an insurance company. Hence, the insurance company is responsible to the patient and the patient is responsible to us. **If we are not contracted with your insurance company, you will be billed for all charges they deem over "usual and customary".** **Determination of benefits is determined after a claim is received by your insurance company.** If your insurance company denies your claim, you will be responsible for the entire cost of surgery. If we are not contracted with your insurance company, you will be responsible for the difference between our fees and your insurance companies' fee. We are contracted with the following insurance companies: Blue Cross Blue Shield, Allegiance, New West, Medicare, Medicaid and TriCare.

A global period is a time period in which additional procedures related to the original pre-operative diagnosis are included in the initial surgeon's fee. Not all procedure codes have a global period. For more information on global periods please contact our billing office.

Separate statements will be sent to you for each provider of services: physician, anesthesiologist, Bozeman Deaconess Hospital and/or pathology/lab. If you are unable to meet our payment requirements or have financial questions, please contact our billing department at (406)556-9798. If it becomes necessary to send your account to collections for non-payment, you will be responsible for all collection and legal fees incurred. We accept the following forms of payment: Cash, Check, Care Credit, VISA and MasterCard.

Patient Signature

Date

Surgery Coordinator

Date

Surgery Estimate Worksheet

Contracted Insurance Companies: Blue Cross/Blue Shield, New West, Allegiance, Tricare, Medicare & Medicaid

It is YOUR responsibility to contact your insurance to verify benefits, coverage, exclusions and deductibles.

Your Insurance Company's Phone #: _____

CPT Codes							
Physician Fees							Total
Allowed Amount							
	x 100%	x 50%	x 50%	x 50%	x 50%	x 50%	Total

Estimated Financial Responsibilities

Estimate of Surgeon Fee Only \$ _____

Allowable (If Applicable) \$ _____

Deductible \$ _____

Out of Pocket \$ _____

Coinsurance \$ _____

Estimated Patient Responsibility \$ _____

The surgeon's fee is due **PRIOR** to surgery. You may receive a bill from the following: physician, anesthesiologist, Bozeman Deaconess Hospital and pathology/lab. If you wish to obtain estimates of these charges please call the following numbers:

Bozeman Deaconess Hospital
Dottie – (406) 522-1711

Gallatin Valley Anesthesia
Janice – (406) 582-4963