



To: Our PATIENTS

Thank you for choosing Columbia Surgical Associates, Inc. as your health provider.

With today's rising cost of health care, we are making every effort to keep your costs to a minimum. In order to do this, we need your help. Please read and sign the following Financial Policy statement.

IF YOU HAVE HEALTH INSURANCE COVERAGE:

- Please supply us with a copy of your current insurance card.
- Please notify our office of any changes in your address, telephone number or insurance coverage.
- **ALL CO-PAYMENTS MUST BE PAID AT THE TIME OF YOUR VISIT. Failure to do so will result in rescheduling your appointment.**
- ALL referrals are the responsibility of the patient and must be current at the time of your visit.
- When scheduling surgery, you will be asked to pay any Co-insurance and deductible amount in order to confirm your surgery date. Our Business Office staff will discuss these payment arrangements with you.
- If you are covered by an HMO, you must bring a referral from your PCP.

IF YOU DO NOT HAVE HEALTH INSURANCE COVERAGE:

- Payment in full will be expected at the time of service unless prior payment arrangements are made.
- We accept payment by cash, check, credit card (Visa or Mastercard) cashier's check or money order.
- Our Business Office staff will be happy to discuss payment arrangements at your request.

We will gladly assist you by filing an insurance claim to your insurance company. If you have questions, our Business Office staff is available from 8:00 a.m. to 5:00 p.m. If you receive a bill from our office indicating a "balance due from patient", we will expect a payment from you. If you disagree with the bill for any reason, please call our office immediately. The Business Office number is 573-443-8775.

We utilize the services of KCI Collection Services in the event payment is not received according to the agreed upon terms. KCI reports to the Credit Bureau upon placement of any account.

I HAVE READ AND AGREE TO THIS FINANCIAL POLICY:

Signature of Patient or Responsible Party

Date