

BAPTIST MEDICAL PARK SURGERY CENTER, LLC

SUMMARY OF FINANCIAL INFORMATION

This information is designed primarily as a resource for you to obtain pricing estimates for our most frequently utilized services at our Ambulatory Surgery Center. In addition, we will disclose our policies regarding our collection practices and what is expected of you at the time of pre-admissions to final statement of your healthcare bill.

A [Provider Directory](#) is provided on our web page for those services that may bill separately during your outpatient admissions and the healthcare providers who currently utilize our facility.

Information provided to you, the consumer, is designed to assist you in making a financially informed decision about your healthcare needs.

OBTAINING AN ESTIMATE:

Insured:

In order to provide insurance patients with the most accurate estimate based on your specific coverage and planned procedure(s), please contact our Business Office at 850.208.6188 to speak with one of our Accounts Specialist for email us at bmpsc.customerservice@bhcpns.org.

Prior to your call, it is important that you contact your insurance company to ensure the services required are “covered services”. In the event the services are not covered under your plan, please refer to our Uninsured policy.

If you are not presently scheduled at our facility you will need to contact the referring physician’s office to obtain specific diagnosis and planned procedure code(s) and descriptions.

The Account Specialists will need the following information;

- **Insurance Demographics** which include name of insurance company, type of policy, policy’s holder name, group name and number, policy number and the insurance company phone number.
- **Policyholder’s Personal Information** which includes social security number and date of birth and full name of insured (if not patient)

Uninsured:

- If you are not presently scheduled at our facility you will need to contact the referring physician’s office to obtain specific diagnosis and planned procedure code(s) and descriptions.
- Date of Birth

Providing this information to our Accounts Specialist allows them to provide a more accurate estimate of your out of pocket expense at the time of your call.

WHAT IS NOT INCLUDED IN OUR ESTIMATES?

The estimates provided by our Accounts Specialist are only related to the ASC Facility Fee. Your referring physician providing you with services related to your outpatient admissions at our facility will bill you separately. Other related services that may bill you include fees for anesthesiologist, pathologists, and independent laboratory and radiology services.

When you have made an informed decision and are ready to proceed with services at our facility, contact your provider to ask for services to be scheduled.

All scheduled patients are **Pre-Registered** within 3-5 days prior to the date of service. All registration information will be obtained over the phone and a final estimate of patient responsibility is given. Patient's financial obligations may be paid prior to admission or at the time of service. . Payment is expected in full unless a mutually agreed financial arrangement has been established.

When you arrive at our facility, you will be required to provide a copy of your identification, finalize mutually agreed financial obligation and sign a few forms before being admitted.

We are committed to fair billing and collections practice and welcome feedback regarding your experience at our facility.