

MD Anesthesia, LLC

For questions about your
Anesthesia Charges, please call:

1-800-208-6014

or

706-623-6699

Dear Patient:

Thank you for allowing **MD Anesthesia** to provide the highest level of comprehensive anesthesia services for you. This letter is intended to inform you of our billing practices for the services you have received. There are multiple billing components, such as the professional services of the surgeon, the professional services of the anesthesiologist, professional services of the pathologist, drugs/supplies, and the use of the facility and equipment.

Billing: As a courtesy, we will bill your primary and/or secondary insurance company for your anesthesia services and make every effort to collect all charges from your insurance company. However, if your insurance company deems the anesthesia charge or the services of the anesthesiologist as non covered, you will be billed at our current self pay rate.

- If we are **in network** with your insurance company, we will receive the payment and EOB directly from the insurance company. You will be responsible for paying any co-pays and deductibles in accordance with your insurance carrier contract.
- If we are **out of network** with your insurance carrier, the payment and EOB (Explanation of Benefits) for our services may be sent to you. You will need to endorse the insurance payment check and mail it, along with the EOB to the address listed below. You will receive a mailing from our billing company with specific instructions. As a non-participating provider, we are unable to determine the payment your carrier will make, thus we are unable to accurately determine what, if any, you will be responsible for. Once we receive the EOB, we will be able to make that determination. MD Anesthesia will make every effort to collect all payment directly from your insurance company.
- Patients with **no** insurance coverage will be billed at the current self pay rate. If you wish to pay for services and not submit a claim to your insurance carrier, please contact our office to discuss payment. Generally, you will be responsible for the amount the carrier would have paid if the claim had been filed. If you are deemed indigent by your State Authority, please provide a copy of the letter to our office.

If you have any questions concerning your bill, please contact our billing office, toll free at:

1-800-208-6014

or

706-623-6699

Please mail payments, EOB (Explanation of Benefits), correspondence, etc to:

Billing Services

Ref: MD Anesthesia, LLC

P.O. Box 529

Watkinsville, GA 30677

MD Anesthesia, LLC

Assignment of Benefits Form

Financial Responsibility:

All professional services rendered are charged to the patient and are due at the time of service.

MD Anesthesia will be glad to bill your insurance carrier and the necessary forms will be completed to help expedite insurance carrier payments. However, you are responsible for all fees, regardless of insurance coverage.

Assignment of Benefits:

I hereby assign all medical and surgical benefits, to include major medical benefits, to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health/medical plan to issue check(s) directly to **MD Anesthesia** for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

Authorization to Release Information:

I hereby authorize **MD Anesthesia** to furnish and/or release any information necessary to insurance carriers concerning my illness and treatments, to process my insurance claim acquired in the course of my examination and treatment, to allow a photocopy of my signature to be used to process my insurance claim for an indefinite period. This order will remain in effect until revoked by me in writing.

I have requested medical services from **MD Anesthesia** on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized. I further understand that fees are due and payable on the date that services are rendered, unless other arrangements are made in advance. A photocopy of this assignment is considered as valid as the original.

Patient / Responsible Party

Date

Witness

Date

MD Anesthesia, LLC

Patient Name / Identification #:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for Anesthesia for Oculoplastic Surgery below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the Anesthesia for Oculoplastic Surgery below.

Service:	Reason Medicare May Not Pay:	Estimated Cost:
Anesthesia for Oculoplastic Surgery	Not medically necessary, non-covered charges.	\$200.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the Anesthesia for Oculoplastic Surgery copy listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: *Check only one box. We cannot choose a box for you.*

☐ **OPTION 1.**

I want the **Anesthesia for Oculoplastic Surgery** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** for following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.**

I want the **Anesthesia for Oculoplastic Surgery** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.**

I don't want the **Anesthesia for Oculoplastic Surgery** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature:	Date:
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.