



## Patient Financial Policy

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

University Surgical Associates participates with most insurance plans including, Aetna, Blue Cross Blue Shield of RI, Cigna, Harvard Pilgrim, Neighborhood of RI, Tufts, United Healthcare, Medicare, and Medicaid. However, some of the services we provide may be considered elective, cosmetic or uncovered by various insurance plans and therefore the financial responsibility of the patient.

### Office Visits:

Many insurance plans require the patient to satisfy a deductible, co-insurance, and/or co-payment as part of coverage. If a referral and/or pre-authorization is required for the visit, but cannot be obtained, you will be responsible for payment. If you do not have your copayment or your insurance information with you at the time of your appointment, you may be rescheduled. *Please note that University Surgical Associates does not charge a fee for an initial post-operative visit.*

### Scheduled surgeries and office procedures:

Our staff will verify coverage and obtain necessary authorizations for scheduled surgery and office procedures. We will estimate your financial responsibility after insurance based on coinsurance rates and remaining deductibles. A deposit is required prior to surgery as well as a payment agreement for any remaining patient balance. Checking your benefits does not guarantee payment. You are ultimately responsible for payment.

### For patients with participating insurance:

- You are responsible for any office visit copayment at the time of service.
- We will submit the claim to your insurance, apply insurance payments and contractual adjustments.
- You will be responsible for any unpaid copayment, coinsurance and/or deductibles that your insurance has indicated.

### For patients with non-participating insurance:

- As a courtesy, we will submit the claim to your insurance.
- The insurance payments will be applied and you will be balance billed for any remaining balance.

### For patients without insurance:

- Payment is due at time of service for office visits and prior to scheduled surgery.
- If a payment plan is required for a scheduled surgery, arrangements will be required prior to surgery.
- If you were approved for a reduced financial responsibility, such as Community Free Service, through Patient Financials Services at Women and Infants Hospital or a Lifespan Hospital, University Surgical Associates will honor the approved reduction for all services rendered during the approved time period. Please contact the Billing Office for further information.

### Overdue Balances:

We will provide two (2) statements for any balance due after insurance payment. If payment is not received within 90 days, your account may be sent to an outside collection agency. If your account is turned over for collections, you will be responsible for the full balance plus any collection, interest or legal expenses incurred as a result of the collection process. Patients with overdue and/or collection balances may be expected to pay in full or set up a payment plan before returning to the office for continued service.

For the convenience of our patients, we accept Visa, MasterCard, Discover and American Express. If you have any questions regarding insurance or billing, please contact our Billing Office at 401-453-9625.

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*My signature below confirms that I have read this policy and I understand and agree to my financial obligation with University Surgical Associates, Inc.*

\_\_\_\_\_  
Patient or Guarantor Signature

\_\_\_\_\_  
Date



**BROWN PHYSICIANS, INC.**

A Clinical, Research and Teaching Affiliate  
of the Warren Alpert Medical School of Brown University

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