



Parkway Surgery Center

827 82nd Parkway / Myrtle, SC 29572 / Phone 843-286-2020 / Fax 843-286-2026

Financial Policy

Thank you for choosing Parkway Surgery Center as your healthcare provider. Parkway Surgery Center realizes that the cost of healthcare is a concern for our patients. We offer the following information to help you understand our financial policies and aid you in planning for payment. Your clear understanding of our Policy is important to our professional relationship. Carefully review the following information and please feel free to ask if you have any questions about our fees, our policies or your responsibility.

Insurance: Parkway Surgery Center participates in most insurance plans, including Medicare. If you are not insured by a plan we accept, payment in full is expected at each visit. Knowing your insurance benefit plan is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will help you receive maximum benefits by promptly filing your claim and supplying information as required by the insurance company for claim processing. In order for your claim to be filed in a timely manner we require that you provide patient and insurance information at each visit. Please remember to bring your current insurance cards and a photo ID with you to the Surgery Center. If your insurance company contacts you for information or completion of a form, please respond immediately. Your untimely response could cause a delay or a denial of your claim. If the Insurance Company does not pay within 90 days, you may be held responsible for the timely payment of your account.

Copayments, Deductibles, and Coinsurances: Your copay, estimated deductible, and coinsurance amount is due at the time of service. Parkway Surgery Center cannot guarantee that the physician will only perform the procedure that is ordered. The physician may decide it medically necessary to perform an additional procedure or utilize additional equipment in order to diagnose or treat your condition. Your estimated cost or patient responsibility may be more than the amount quoted prior to the procedure. After your insurance has paid, any remaining patient responsibility will be billed to you. If our original estimate was too high, you will be refunded your overpayment in a timely manner.

Method of Payment: For your convenience Parkway Surgery Center accepts cash (US dollars), local personal checks, cashier's check, debit cards, Visa®, MasterCard®, Discover®, American Express® and CareCredit®.

Self-Pay Accounts: Patient's that are not covered by insurance are expected to pay the surgical charges in full on or before the date of service. If you are unable to make payment in full, please call the Billing Office prior to your surgery to discuss financial arrangements.

Separate Billing: You will receive a separate bill from your physician for his professional services at the Surgery Center. In addition, if you require anesthesia, the contracted anesthesia group will bill you for their services. If your physician orders pathology, the laboratory will bill you directly for their services.

Returned Checks: The charge for a returned check is \$30.00. If a check is returned for insufficient funds, Parkway Surgery Center requires that you make a payment equal to the returned check plus the \$30.00 charge within 15 business days of bank notification. The Surgery Center will not accept a check for payment of a check that was returned for insufficient funds.

Collection of Unpaid Accounts: If your account becomes delinquent it will be turned over to a collection agency. A delinquent account is an account that has had no payments in 90 days, sporadic payments, or non-payment of a check returned for insufficient funds. You will be responsible for all costs, including agency fees, attorney fees, court costs and other related expenses incurred in collecting the delinquent amount.

I have read and agree to all terms and conditions heretofore mentioned and acknowledge receipt of a copy of this agreement

Signature of patient or person acting on patient's behalf

Date