



## **sierra ambulatory surgery center LLC**

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### **FINANCIAL POLICY**

Thank you for choosing Sierra Ambulatory Surgery Center (SASC) as your out-patient surgery provider. We are committed to providing you with quality and affordable health care. The following is summary of our Financial Policies.

#### **PAYMENT POLICY:**

Payment of co-pays and deductibles are required either prior to surgery and/or after surgery if calculated or discovered after surgery. This includes applicable deductibles, co-insurances, and co-payments for participating insurance companies. Self-pay patients who do not have insurance will pay prior to services being rendered. SASC accepts cash, personal checks, money orders, debit cards, as well as all credit cards. There is a \$25 service charge for returned checks.

#### **INSURANCE:**

Patients are responsible to know the benefits and exclusions of his/her insurance policy.

We bill participating insurance companies as a courtesy to you; however, you are responsible for all charges. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. If your insurance changes, please notify us so we can make the appropriate changes and help you receive your maximum benefits. Please contact your insurance company with any questions you may have regarding your coverage.

#### **OUTSTANDING BALANCE/NONPAYMENT:**

Patients with an outstanding balance of 90 days overdue must make arrangement for payment prior to scheduling future procedures. If your account is 90 days overdue, you will receive a letter stating you have 30 days to pay your account in full. Partial payment will not be accepted unless otherwise arranged. Please be aware that if a balance remains unpaid, we may refer your account to an outside collection agency. Subsequently, you and your family may be discharged from SASC.

#### **CANCELLATION POLICY/MISSED APPOINTMENTS:**

At Sierra Ambulatory Surgery Center, we attempt to be as courteous to our patients as possible. To meet this goal, it is required that you give at least 24-hour notice prior to cancelling or changing your appointment. This will allow us to accommodate other patients that are seeking earlier appointments and to avoid gaps in our surgeon's schedule. Non-emergency cancellations less than 24 hours prior to the surgical procedure will be subject to a \$50 cancellation fee that is not covered by insurance. This fee must be paid prior to scheduling any further treatment. We appreciate your cooperation and courtesy to our patients and our facility.

#### **BILLING INFORMATION:**

Our charges include costs associated with the procedure/operating rooms, recovery room, nursing staff, medical-surgical supplies and pharmaceuticals. Our facility fee is billed separately from the fees of the surgeons and anesthesiologist involved in your care; therefore, you may receive billing from the following:

**Sierra Ambulatory Surgery Center (Facility fee)**

**Sierra View Medical Eye (Ophthalmologist Professional fee)**

**RC McLean (Anesthesiologist and/or Pain Management fees)**

#### **If you have questions or need assistance, please call:**

Sierra Ambulatory Surgery Center Billing Dept.: (530) 272-3428 x 212

Sierra View Medical Eye Billing Dept.: (530) 272-3411 x 204

RC Mclean Billing Dept.: (714) 347-1000

**Keith Mercer, M.D.**

**Matthew Zealear, M.D.**

**John Hagele, M.D.**

**Gregory Porter, M.D.**