

**FLORIDA ORTHOPAEDIC INSTITUTE SURGERY CENTER
FLORIDA ORTHOPAEDIC INSTITUTE SURGERY CENTER-CITRUS PARK
POLICY/PROCEDURE**

SUBJECT **FINANCIAL ASSISTANCE & CHARITY CARE POLICY**

PURPOSE To ensure patients are informed of Florida Orthopaedic Institute Surgery Center's (FOISC) financial assistance and charity care policies in accordance with Florida law.

SCOPE All ASC Employees and Patients

POLICY It is the policy of Florida Orthopaedic Institute Surgery Center to collect all copayments, coinsurances and deductibles at or before the time of service. As well FOISC will inform patients that they may request an estimate of charges for a scheduled procedure, what financial assistance maybe available and how to apply.

PROCEDURE

Covered Services:

Florida law requires us to notify the patient or prospective patient that:

- A. Services may be provided in this health care facility by the facility as well as by other health care providers who may separately bill the patient and who may or may not participate with the same health insurers or health maintenance organizations as the facility.
- B. The patient or prospective patient may or may not pay less for the services being provided at another facility or in another health care setting. Please know that the attending physician who scheduled the patient's procedure(s) at the Facility may or may not be on the medical staff of other such facilities.

The Facility does not employ its own physicians. Each physician or provider of service will bill separately for his/her services and follows his/her own billing and collection procedures. There are no providers, other than the Facility itself, delivering medically necessary services in the Facility who are covered under this policy.

Request for Charge Estimates:

1. In accordance with Florida law, upon verbal or written request FOISC will provide the patient in writing or by electronic means a good faith estimate of Facility's anticipated gross charges based on the patient's procedure(s) as indicated by the physician/surgeon to treat the patient's condition within seven (7) business days of the request (if a patient is insured, the contracted insurance rates will supersede the gross charges estimate).
2. As with any medical procedure, if unforeseen circumstances should arise during the procedure it may be necessary for the physician to perform additional or different procedures and/or to use more/less expensive supplies or implants. The use of implants and/or the difference in procedures may cause the estimate to vary significantly. **However, it is understood that final gross**

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charges and patient responsibility will depend on actual services provided and may or may not exceed the original estimate.

3. The estimate of charges being provided to the patient is for the facility only. If the patient would like a written estimate from other health care providers who will provide services in the facility, he/she should contact each health care provider as well as asking if they participate as a network provider or preferred provider for that patient or prospective patient's individual health maintenance organization (insurance company).
4. Prior to or on the day of surgery, before services are provided, it is FOISC's policy to collect in full all deductibles, co-insurances and copayments as determined by the patient's individual insurance company. If the patient does not have health insurance FOISC will collect 100% of gross charges.
5. The patient or prospective patient may contact his/her health insurer or health maintenance organization (insurance company) for additional information concerning cost-sharing responsibilities.

Financial Assistance:

1. If a patient informs FOISC that he/she is not able to fully pay his/her estimated deductible, co-insurance or copayment at the time of service, Care Credit is available and allows monthly payments to be made.
2. The Care Credit program, website link and telephone number will be provided to the patient, along with a brief explanation of the program and application process.

Charity Care:

1. If a patient is unable to pay their cost share for his/her procedure in full on or before services are provided because he/she believes he/she is medically indigent, or are not covered by any health insurance or health maintenance organization (HMO), upon request, Facility, in its sole discretion, may offer the patient or prospective patient a discount on the amount due and/or offer a payment plan.
2. Any such discount is considered by Facility to be charity care.
3. There is not a formal application process for obtaining charity care at Facility.

The patient's attending physician, and other health care providers, such as the anesthesiologist, durable medical supplier, pathology, and/or the laboratory service provider(s) are not a part of the Facility's fees. If any of these providers delivered services to the patient during their short stay at the Facility, each of the provider(s) will bill separately for their services rendered. Such health care providers may or may not participate with the same health insurers or health maintenance organizations as the facility.

Exceptions to this Policy

The Facility's Business Office Director, Chief Administrative Officer, or Chief Executive Officer is granted the authority to provide eligibility and determination exceptions to this Policy on a case-by-case basis as appropriate to an individual patient's facts and circumstances.