

# Financial Policy

<b>Co-Pays:</b>	I understand that co-pays are due in full at the time of my visit. Nashville Surgical Associates accepts cash, check, MasterCard, and Visa. There is a \$35.00 fee for returned checks.
<b>Patient “Outstanding” Balances:</b>	I understand it is my responsibility to pay any outstanding balances as determined by my insurance plan.
<b>Collections:</b>	In the event of default the patient or responsible party agrees to pay all of the cost of collection including attorney fees. Collections and contingent fees to be added and collected by the collection agency and/or attorney.
<b>Referrals:</b>	It is my understanding that if my insurance plan requires a referral, it is my responsibility to obtain one prior to every office visit.
<b>Out-of-Network:</b>	I understand if I choose a provider outside of my insurance network, the plan will pay at a lesser benefit and I am responsible to pay the difference.
<b>Procedure/Surgery Deposit:</b>	I understand that I may be required to pay a deposit prior to my procedure. (This deposit will be applied to my balance).
<b>Precertification of Procedure:</b>	I understand that Nashville Surgical Associates will make every effort to obtain prior approval from my insurance plan. Nevertheless, it is my responsibility to be sure this is done.



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