

Greenbelt Anesthesia Associates – Assignment of Benefits for Non-Preferred Provider
IMPORTANT NOTICE REGARDING YOUR HEALTH INSURANCE

United Health Care / UMR / Shared Services / Multi Plan / United Integrated / EWTF / All Savers / Golden Rule / Oxford Health Plans

Your doctor is not a part of your health insurer’s network. You may pay more for the services provided by your doctor because:

- Your doctor’s charge may be higher than the amount your health insurer will pay and, if so, you may be required to pay the difference.
- Your coinsurance, deductible and out-of-pocket maximum may be higher because your doctor is not in your health insurer’s network.
- Your doctor may charge you for services not covered under your health insurance contract.
- Your doctor may charge you the balance bill for covered services.
- Payment terms and interest may apply for reimbursement checks sent to you by your insurance.

* Depending on your health plan, certain scenarios such as screening colonoscopy may be considered in network. Our facility’s billing department will attempt to negotiate with your insurance provider to obtain in network benefit.

* In the event your plan does not allow for in network benefit, our billing department will also attempt to negotiate to reduce your balance.

* Insurance company may choose to cover your medical costs by mailing you a check. You are liable to forward the check to the Greenbelt Anesthesia Associates within 7 days of receiving the check to avoid any penalties (A 5% monthly interest rate will incur for each month delinquent).

Greenbelt Anesthesia Associate is an out of network facility. Based on the insurance information provided and the procedure _____ you are having today; you may be responsible for out of network charges.

* The estimated charges will be based on anesthesia time of your procedure which includes pre-op, intra-op, and PACU transfer time. **A single standard diagnostic procedure will take approximately 20 minutes to complete.** However, your actual procedure times may vary in the event of a complicated procedure.

- The estimate charges billed to your insurance is: _____
- The estimate payment your insurance may cover is: _____
- Estimate patient responsibility up to (Based on your EOB): _____

Disclaimer: The estimations outlined above do not guarantee insurance payment amount nor patient responsibility. Actual patient responsibility may differ according to insurance allowable, procedure time, etc...

I, [patient’s name] _____ received the information above and authorize my health insurer to reimburse Greenbelt Anesthesia Associates directly for the services provided [today’s date] _____.

Signature of Patient: _____ Date: _____

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IMPORTANT NOTICE REGARDING YOUR HEALTH INSURANCE
Cigna / Great West / Cigna Teamsters / Samba/Aetna / Innovation / Meritain Health / Aetna

International / Other Commercial Insurance

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- Your coinsurance, deductible and out-of-pocket maximum may be higher because your doctor is not in your health insurer’s network.
- Your doctor may charge you for services not covered under your health insurance contract.
- Your doctor may charge you the balance bill for covered services.
- Payment terms and interest may apply for reimbursement checks sent to you by your insurance.

* Depending on your health plan, certain scenarios such as screening colonoscopy and surveillance colonoscopy (if you had history of polyps or colon cancer) may be considered in network. Our facility’s billing department will attempt to negotiate with your insurance provider to obtain in network benefits on your behalf.

* In the event your plan does not allow for in network benefit, our billing department will also attempt to negotiate to reduce your balance on your behalf.

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