



VAIL VALLEY SURGERY CENTER EDWARDS

Patient Acknowledgements

- I understand that it is the patient’s responsibility to check with his/her health insurance company regarding plan benefits. Any estimated co-payments, deductibles, or co-insurance will be requested at time of service. Please contact your employer or your insurer directly if you have any questions about your insurance coverage.
- I understand that if I do not have insurance I will be considered self-pay and that payment of the estimated charges, less any applicable self-pay discounts, will be required at time of service.
- I understand that the Vail Valley Surgery Center does not accept international insurance. Payment of the estimated charges will be required at time of service. It is the patient’s responsibility to submit the claim to the insurance for reimbursement.
- I understand that any amounts quoted are only an **estimate**. We are legally bound to charge based on the final operative note, which may result in additional charges. The estimate is provided as a courtesy only.
- GI patients understand that insurance benefits and charges may differ if the visit changes from a routine exam to a medical procedure and that this may occur during the course of the procedure.
- I understand that the estimate provided from the Vail Valley Surgery Center is for the facility fee **only**.
- In addition to the Surgery Center here is a list of other parties who may bill you (please note that this list may not be all inclusive):

<i>Physicians Office</i>	<i>Lab/Imaging</i>
<i>Anesthesia</i>	<i>Physical Therapy</i>
<i>Pathology</i>	<i>Rehabilitation Equipment</i>
- I acknowledge that I received the following documents:
 - Notice of Patient Rights & Responsibilities, including the address for complaint submission*
 - A list of investors*
 - Information regarding Advance Directives*

Date

Patient/Parent/Guardian/Conservator/Agent

Time

Indicate Relationship