



## **Insurance and Billing**

We understand that having a surgical procedure can be a stressful event, and with so many considerations to make, questions about the billing and payment for services associated with your procedure are sometimes overlooked or somewhat confusing. The following information will hopefully answer some of these questions for you. Please check with your insurance company for pre-surgery requirements, such as second opinions and pre-authorization.

Henghold Surgery Center, LLC is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) and the State of Florida Agency for Healthcare Administration (AHCA). We meet and exceed all regulatory requirements.

Henghold Surgery Center, LLC accepts most major commercial insurance, HMO/PPO and Medicare plans. We accept Discover®, MasterCard®, Visa®, local check or cash for your charges.

## **Insurance Information**

Please take a brief moment to review this page to help you understand some key points about your insurance as it relates to your procedure at Henghold Surgery Center, LLC.

- A representative from Henghold Surgery Center, LLC billing office will contact you prior to your procedure to give you an estimate of your personal portion of the cost of your procedure. This estimate is based on the procedure(s) your physician has scheduled and the type of insurance plan that you have. Please note that you will not receive a call if we do not expect you to have a patient portion. However, if after claims are processed there is a patient responsibility, you will be billed for the balance. It is important to know that is only an estimate. Sometimes the surgeon needs to do more or maybe less during the procedure than what is originally scheduled. These changes may affect your financial responsibility for Henghold Surgery Center, LLC. Once claims have been processed by your insurance company, you may receive a bill for the balance or a refund if there is an overpayment. Patients and prospective patients may request from this facility and other health care providers a more personalized estimate of charges and other information. Patients and prospective patients should contact each health care practitioner who will provide services in the ASC to determine the health insurers and health maintenance organizations with which the health care practitioner participates as a network provider or preferred provider.
- Payment of co-pays, coinsurances, and/or deductibles are due at the time of your appointment, a description of each follows:
  - Co-Pay is a form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when medical services are received. The insurer is responsible for the rest of the reimbursement. There may be a separate co-pay for different services that you receive. Some plans



require that a deductible be met first for some specific services before a co-payment applies.

- Deductible is a fixed dollar amount during the benefit period, usually a year that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both individual and family deductibles. Some plans may have separate deductibles for specific services.
- Coinsurance is the amount due by the patient after the insurance has applied all deductibles and co-pays. This is the amount that is usually described as the “patient responsibility” or “member responsibility” on the explanation of benefits. It is usually a percentage of the allowed amount covered by your insurance. Because we contract with many insurance carriers we can determine your coinsurance in advance based on the information received from your referring physician’s office or the insurance information provided by you.

Your bill from Henghold Surgery Center, LLC is for the surgeon’s fee and the facility fee. The facility fee includes the cost of the nursing personnel, medications, supplies and the use of the operating and recovery rooms; specialized operating room monitoring equipment and use of the post op and recovery areas. Henghold Surgery Center, LLC will bill your procedure to your insurance company(s) for the surgeon’s fee and the facility portion but ultimately you are responsible for the charges associated with your procedure. If you are uninsured you may qualify for our “self-pay” discount.

You will receive a separate bill from the physician/surgeon. 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.

Entities from which you may receive a bill:

Henghold Skin Health and Surgery Group for your physician’s services  
530 Fontaine Street, Pensacola, FL 32503 850-474-4775  
[www.henghold.com](http://www.henghold.com)

Henghold Surgery Center, LLC for your facility charges at the ASC  
530-A Fontaine Street, Pensacola, FL 32503 850-474-4775  
[www.henghold.com](http://www.henghold.com)

If you have laboratory or pathology services you will receive a bill from on the following:  
Vivid Pathology (formly Pensacola Pathology), 5149 N. 9<sup>th</sup> Avenue Suite 122, Pensacola, FL 32504 850-416-7780  
[www.vividpathology.com](http://www.vividpathology.com)  
DermPath Diagnostics, 100 Midland Ave, Port Chester, NY 10573 866-836-7136  
[www.dermpathdiagnostics.com](http://www.dermpathdiagnostics.com)



<http://pricing.floridahealthfinder.gov> Information found at this link is an estimate of costs that may be incurred. Actual costs will be based on services performed.

Please do not hesitate to contact our billing department at 850-607-7562 or toll free at 1-800-243-7546 if you have any further questions.

#### 2018 CPT CODES & FEES FOR ASC

Description	Code	Price
Repair - Scalp, Arms, Legs 10 sq cm or less	14020	\$1,420.00
Repair - Scalp, Arms, Legs 10 sq cm or more	14021	\$1,480.00
Repair - Forehead, Cheek, Chin, Mouth, Neck, Axillae, Genitalia, Hand or Feet 10 sq cm or less	14040	\$1,555.00
Repair - Forehead, Cheek, Chin, Mouth, Neck, Axillae, Genitalia, Hand or Feet 10 sq cm or more	14041	\$1,925.00
Repair - Eyelids, Nose, Ears, Lips 10 sq cm or less	14060	\$1,610.00
Repair - Eyelids, Nose, Ears, Lips 10 sq cm or more	14061	\$2,070.00
Repair - any area size 30.1 sq to 60.0 sq cm	14301	\$2,215.00
Repair - any area additional 30.0 sq cm	14302	\$470.00
Graft - Scalp, Arm, Leg 20 sq cm or less	15220	\$1,575.00
Graft - Forehead, Cheek, Chin, Mouth, Neck, Axillae, Genitalia, Hands, Feet 20 sq cm or less	15240	\$1,910.00
Graft - Forehead, Cheek, Chin, Mouth, Neck, Axillae, Genitalia, Hands, Feet 20 sq cm or more	15241	\$375.00
Graft - Nose, Ear, Eyelid, Lip 20 sq cm or less	15260	\$2,065.00
Graft - Nose, Ear, Eyelid, Lip 20 sq cm or more	15261	\$440.00
Flap - Eyelid, Nose, Ear, Lip or Intraoral - Creation of Pedicle	15576	\$1,650.00
Flap - Eyelid, Nose, Ear, Lip - Division of Pedicle	15630	\$930.00
Flap - Pedicle	15740	\$2,090.00
Flap - Forehead flap	15731	\$2,330.00
Reconstruction - Ear cartilage, autogenous to nose or ear	21235	\$1,525.00
Removal of a lesion over 4.0 cm	11626	\$850.00
Repair - Forehead, Cheek, Chin, Mouth, Neck, Axillae, Genitalia, Hand or Feet 1.1 cm to 2.5 cm	13152	\$1,140.00