



FINANCIAL POLICY

Our Financial Policy: At Henghold Surgery Center our policy is to provide exceptional health care services. The charges accurately reflect the complexity of care rendered and the skill and expertise required for each case. Our fee schedule is reflective of the usual and customary for Dermatology/Mohs Surgery in the Southeast. We have agreements with insurance companies and other payors and bill in accordance with the terms of the contracts. Our fees will be adjusted to the contracted amount with the insurance company.

Credit Card Policy: Henghold Surgery Center accepts MasterCard® and Visa®.

Our Policy: Our policy requires payment of co-payments, co-insurance, and any deductibles at the time of service. If there is any patient balance owed after all insurance companies have made their payments, the patient will be sent a statement for that amount.

Patient Responsibilities: The patient's insurance coverage is based on a legal contract between the patient and the insurance company. The patient is responsible for understanding and reading the conditions, coverage, terms, and limitations of their insurance policy. The legal contract of the patient's insurance policy requires them to be responsible for payment of valid and legitimate fees and charges as follows: All outstanding deductibles, co-payments, non-covered procedures and services that are performed less the insurance contractual adjustments.

HMO and PPO Members: Henghold Surgery Center participates in some HMO and PPO Insurance plans. All co-payments, co-insurance, or deductible is required at the time of service. If the referral from the insurance has not been received by the time of the patient's appointment, the patient will have the option to pay for their services or reschedule their appointment.

PAYMENT POLICY

All credit card payments are processed through the Henghold Surgery Center's credit card machine at the time of service.

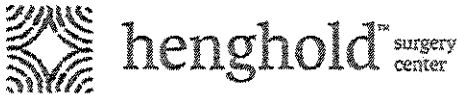
Receipts are given for all payments received from patients, whether cash, check or charge.

Cash, checks and credit cards will be sent to the billing office at the end of every day.

Copayments will be collected at the time the patient checks in for his/her appointment. If a patient does not have their copayment, Patient Coordinator will contact Administration for a decision on whether patient can be rescheduled.

Appointment reminder calls are made one week prior to visit and the day before the appointment. Patients with existing balances will be asked to bring that along with their co-pay and/or deductible with them.

The patient Coordinator will balance all monies received for the day with the eclinical works report and send to billing office.



CHARITY CARE AND FINANCIAL ASSISTANCE:

Henghold Surgery Center is committed to providing Charity Care and Financial Assistance to persons who are uninsured, underinsured, or otherwise unable to pay for medically necessary care based on their individual financial situation. If a patient is unable to pay and feels that they have a financial hardship and upon request, Henghold Surgery Center may offer a discount on the amount due and/or offer a payment plan. There is no formal application process. Financial hardship must be documented in the patient financial records. Henghold Surgery Center is committed to treating patients who have financial needs with the same dignity and consideration that is extended to all patients.

POLICY ON ROUTINE WAIVERS OF COINSURANCE AND DEDUCTIBLES

Services provided to patients are reimbursed primarily through payments from third party payers and secondarily through payments from patients. Both Medicare law and contracts with third party payers require reasonable attempts to collect coinsurance and unpaid deductible amounts from patients.

According to the Office of the Inspector General, the routine waiver of co-insurance and deductible amounts is considered to be a violation of Medicare law which can result in:

- False Claims - by routinely waiving co-insurance and deductible amounts, providers are indicating a willingness to accept a lesser charge. The assumption is made that the lower amount is actually the charge and that the provider is submitting false claims.
- Violations of the Anti-Kickback Statute - routine waivers can be interpreted as a bribe to entice patients to a particular healthcare provider. A "bribe" violates the anti-kick statute.
- Excessive utilization - routine waivers of co-insurance and deductible amounts can be viewed as encouragement by providers for patients to receive care that may not be needed because there is no out-of-pocket expense involved. This results in excessive utilization of items and services paid for by the payer.

This practice will make every attempt to collect co-insurance and unpaid deductible amounts from our patients.



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 copayment 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.

- o 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.
- o Patients should recognize that the service bundle information is a non-personalized estimate of costs that may be incurred by the patient for anticipated services and that actual costs will be based on services actually provided to the patient.

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 Dermatology a division of Forefront Dermatology for your physician's services
530 Fontaine Street, Pensacola, FL 32503 850-474-4775
www.forefrontdermatology.com

Henghold Surgery Center LLC for your facility charges at the ASC
530-A Fontaine Street, Pensacola, FL 32503 850-285-0891
www.henghold.com

If you have laboratory or pathology services you will receive a bill from on the following: Vivid Pathology (formerly Pensacola Pathology), 5149 N. 9th Avenue Suite 122, Pensacola, FL 32504 850-416-7780 www.vividpathology.com
DermPath Diagnostics, 100 Midland Ave, Port Chester, NY 10573 866-836-7136
www.dermpathdiagnostics.com
Forefront Dermatology 801 York Street Manitowoc, WI 54220 866-630-9882



<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 850-285-0891 if you have 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	\$1,780.00
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	\$1,590.00
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	\$1,580.00
Graft - Forehead, Cheek, Chin, Mouth, Neck, Axillae, Genitalia, Hands, Feet 20 sq cm or less	15240	\$1,915.00
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	\$2,070.00
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	\$840.00
Repair - Forehead, Cheek, Chin, Mouth, Neck, Axillae, Genitalia, Hand or Feet 1.1 cm to 2.5 cm	13152	\$1,140.00