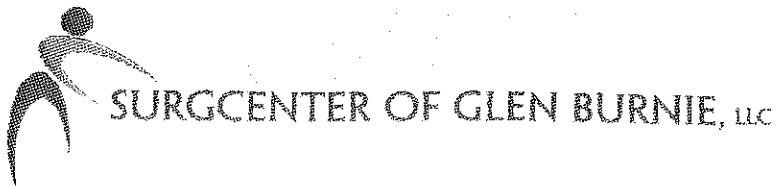


PATIENT LABEL



Thank you for scheduling your procedure at SurgCenter of Glen Burnie. The doctors designed this center with their patients in mind, and we are proud to serve you here. SurgCenter of Glen Burnie is an accredited, state licensed and Medicare certified ambulatory surgical center.

Although SurgCenter of Glen Burnie is not a participating provider with most insurance companies, please be assured that you will not incur any "out-of network" costs or penalties for using our facility. It is our policy to extend "in-network benefits" to all of our patients. Therefore, you will not be charged more than you would pay if we were in-network with your health insurance. As of March 1, 2015, we are now in network with all CareFirst/BCBS plans.

It is possible that the insurance payment for your visit with us today will be sent to you and payable to you. Your insurance company is assuming that since we are out-of-network with them, you are paying for your procedure today. The check that they send to you is "reimbursement" for that payment.

We ask that you endorse the check over to SurgCenter of Glen Burnie and mail it to us or bring it directly to the center. Please provide a copy of the Explanation of Benefits (EOB) that accompanies the insurance check. Providing a copy of the EOB will allow us to properly credit your account, and make the necessary adjustment off of your bill to match your in-network benefits. After all adjustments are made, you will receive a statement from our billing company showing payments and balance due, if any. We accept cash; check Visa, Master Card, or Discovery and CareCredit. Returned checks are subject to a \$25 return check fee. Any unpaid charges over 90 days old will turn to an outside collection agency with additional collection agency fee. You are responsible for any collection fees, legal fees, or court costs incurred in the collections process.

Failure to provide us with payment made by your insurance carrier on your behalf for today's procedure could result in the following:

- _____
INITIAL

May be reported to the proper authorities as insurance fraud and/or theft.
- _____
INITIAL

Can be reported to the IRS as income you received.
- _____
INITIAL

Could result in your owing the entire balance due for today's procedure.

Your Insurance covers you at	
In Network	Out of Network
Your Co- Insurance amount is	

I acknowledge that I did receive a copy of the Patient's Rights and Responsibilities, and the Patient Complaints or Grievances prior to surgery.

Please sign and date below if you have read and understand the above policy. If you have any questions or concerns, please do not hesitate to call our office and speak with Taryn or Valerie at 410-760-8100 or fax at 410-760-8180.

Thank you,
SurgCenter of Glen Burnie, LLC

Patient Signature

Date



Accredited by the
ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.