

POLICY OF CARE & PAYMENT

Insurance Accepted: Meridian Surgery Center accepts most insurance plans offered in the State of Washington. Plans vary, and in the event that you need surgery, we will assist you in determining your insurance benefit coverage. Insurance plans often have some portion of payment for care that may be required to be paid by the insured member in addition to the insurance benefit coverage. If you have an estimated payment required, it may be due at the time of surgery. All insurance benefits will be billed after your surgery date.

Insurance Benefit Review Services Provided: Meridian Surgery Center has retained the services of **Evans Medical Consultants (EMC)** at **1-877-428-4717**. They specialize in insurance plan coverage, benefit determination, and billing. If surgery is needed, EMC may contact you and your insurance company to obtain benefit coverage and estimated out of pocket expenses required by your plan. We have found their services to be extremely accurate, however surgical care can change, as well as interpretations by insurance companies. Meridian Surgery Center is not responsible for discrepancies in estimations given to EMC by your insurance company or necessary changes in the surgical care plan at the time of surgery. Ultimately, it is the member responsibility to determine benefit coverage.

Payment options: Check, Cash, or Money Order, Visa, or CareCredit (forms in our office).

Payment made to:

Meridian Surgery Center &/or Robert C. Wright, MD
208 17th Ave SE, Suite 201 Puyallup, WA 98372

No fees/payments are made out to Evans Medical Consultants

With surgical patients, it is common that a certain amount of release to work and disability information may be needed. Not all forms are considered a part of medical care, but a part of the patient's security net. There may be a charge for forms not part of the medical care. Please ask for a list at check in.

Fees Include:

- \$25 per standard form (front and back of a single letter-sized page)
- \$50 for an AFLAC form (fee will be increased if more than 4 pages, includes research fee)
- Additional copies can be made at \$1.02 per side (per state regulation)
- Patient/Doctor phone consults prior to surgery may be billed (to insurance first, then to patient if not covered)

Time off work and maximum lifting parameters may be provided by the doctor; however job descriptions will not be reviewed. Employment management must make on-site decisions within the parameters listed by the physician to determine working capacity and limitation.

Robert C. Wright, M.D., P.S.
208 17TH Avenue SE Suite 201

Meridian Surgery Center
Puyallup, WA 98371 253-840-1999

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient Name: _____ Date of birth: _____

Previous name(s) (maiden, etc.) _____

I request and authorize _____ to release health information as requested below.

Boxed portion to be completed by office staff:

Name: _____

Institutional

Affiliation: _____

Address: _____

City, State, Zip: _____

This request and authorization applies to:

____ Health care information relating to the following treatment, condition or dates of treatment:

____ All health care information

____ Other: _____

I understand that my express consent is required to release, by mail or fax, any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. If I have been tested, diagnosed or treated for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use, you are specifically authorized to release all health care information relating to such diagnosis, testing or treatment.

Signature of patient or patient's authorized representative

Date

Relationship or designation if other than patient (parent, legal guardian, person representative)