



PHYSICIANS AMBULATORY SURGERY CENTER

FINANCIAL DISCLOSURES

The State of Florida requires that we provide the patient of our Centers the following disclosures:

- A. 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.**
- B. You may pay less for this procedure or service at another facility or in another health care setting.**
- C. Services may be provided in this health care facility by the facility as well as by other health care providers that may separately bill you. You will be separately billed for the following:**
 - Physician fees – from physician performing surgery/procedure**
 - Anesthesia Fees – from Anesthesia Group providing anesthesia services**
 - Pathology fees - if any biopsies were taken**
 - Radiology Fees – if any images were taken during the procedure**
- D. You should contact your insurer or health maintenance organization regarding your cost-sharing responsibilities**
- E. 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.**