UROLOGY SURGERY CENTER OF SAVANNAH, LLP
230 E. DeRenne Avenue • Savannah, Georgia 31405
(912) 790-4444 • Fax (912) 790-4451

Urology Surgery Center of Savannah
Financial Agreements

Notice of patient financial responsibility:

This is to notify you that you will receive several bills after your surgery here at Urology Surgery Center. Urological Associates of Savannah and Urology Surgery Center are two separate entities with separate billing. If there is a balance due after your insurance pays, you may receive the following bills:

1. **Urology Surgery Center** bill – this bill is for the facility where your surgical procedure was performed.
2. **Urological Associates of Savannah** bill – this bill is for the physician that performed the procedure.
3. **Anesthesia** bill – this bill will be from the anesthesia provider who performed anesthesia services depending on your surgical procedure
4. **Pathology** bill – this bill will be from the pathology provider who may not be in network with your insurance. You may get a bill from Freedom Pathology or from Urological Associates of Savannah for these services.

As a courtesy to you, we will file your insurance. You are responsible for any co-pays, co-insurance and deductibles for both Urological Associates of Savannah and Urology Surgery Center. These will be collected prior to your procedure.

Assignment of benefits and release of information:

I hereby assign payment directly to Urology Surgery Center Of Savannah LLP the insurance benefits otherwise payable to me but not to exceed the balance of Urology Surgery Center Of Savannah LLP regular charges for the episode of treatment.

I understand that I am financially responsible to Urology Surgery Center Of Savannah LLP for the charges not covered by this authorization. I agree to forward any insurance payments made directly to me for Urology Surgery Center Of Savannah LLP services upon receipt of the statement from the facility.

Authorization is hereby granted to release to the patient's insurance company any medical information as the company may request to complete the processing of insurance claims.

Notice of in network benefits:

This is to inform you that the Urology Surgery Center may be an out of network facility for your insurance company. We will be contacting your insurance company to verify your in-network/out of network benefits. We will meet the in-network benefits provided by your insurance company.

When we receive the Explanation of Benefits from your insurance company for the Urology Surgery Center facility charge, we will be making an additional discount, if necessary, to meet your in-network benefits.

In the event you receive the payment from your insurance company directly, please forward it to the Urology Surgery Center.

If you receive your Explanation of Benefits from your insurance company, please allow Urology Surgery Center time to receive the payment from your insurance and make the necessary adjustments to meet your in-network benefits.