

ANESTHESIA BILLING

Dear Milwaukee Surgical Suites Patient,

Please read and ask any questions that you may have so the consent of this letter is understood at the time of service. You will be given a copy of this form in your discharge folder.

Anesthesia is commonly a covered component of your surgery. As a courtesy to you, the bill/claim for your anesthesia services will be billed directly to your primary insurance carrier, then to your secondary insurance carrier after the primary payment has been received, if applicable. If no secondary insurance was provided at the time of service, we will send you a statement for the co-insurance due as determined by your insurance carrier. We have accepted assignment of benefits and your insurance carrier should send the payment directly to our remittance address.

If your insurance carrier sends payment for anesthesia directly to you, please endorse the back of the check and send it to the address below. We will also require a copy of the EOB to be sent with the check in order to properly process and post the payment to your account. If the check and EOB are not received within 7 days of our being notified that a payment was mailed, you will be held responsible for the full payment.

Andisthesia LLC may not be a participating provider with your insurance company. However, we are always able to negotiate with your insurer to allow minimal or no out of pocket cost to you due to our out of network status. In no case will you be held responsible for the out-of-pocket expense reflected on an explanation of benefits received from your insurer if we are not a participating provider with your insurer. Your out-of-pocket responsibility will be less than or equal to if you were utilizing a participating anesthesia provider, and you will not be penalized for using a non-participating provider.

Please retain a copy of this letter for your records in case you need to contact us while the claim is being processed and until it has been satisfied. You will receive an explanation of benefits form your carrier and until a statement is received by you from Andisthesia LLC, please do not make any payments to us until you are notified in writing of a balance due. If you have any questions about anesthesia billing upon receipt of an explanation of benefits from your insurance, please contact us at the number above. It is important to that the explanation of benefits you receive from your insurance carrier is NOT a bill. If you are paid directly by your carrier, please contact us immediately.

Assignment of Benefits and Authorization to Appeal: I authorize payment of medical benefits to Andisthesia LLC. It is my understanding that only the charges that I may be responsible for are those charges assigned as "patient responsibility" by my insurance company or other 3rd party payor or when I have no insurance or third-party coverage. I agree to immediately remit to Andisthesia LLC any payments that I receive directly for services provided. I hereby authorize release of any medical records or information necessary to process insurance claims, appeal benefit determinations, coverage denials, or other adverse decisions on my behalf.

HIPAA NOTICE: Please note that Andisthesia, LLC and Milwaukee Surgical Suites, LLC are business associates. As a result, Andisthesia, LLC may receive, use, obtain, access or create Protected Health Information from or on behalf of Milwaukee Surgical Suites, LLC in the course of providing anesthesia service. In order to ensure your privacy and protection, please carefully read the HIPAA information that Andisthesia LLC and Milwaukee Surgical Suites, LLC has provided.

For Anesthesia Billing questions please call: 602-834-5363

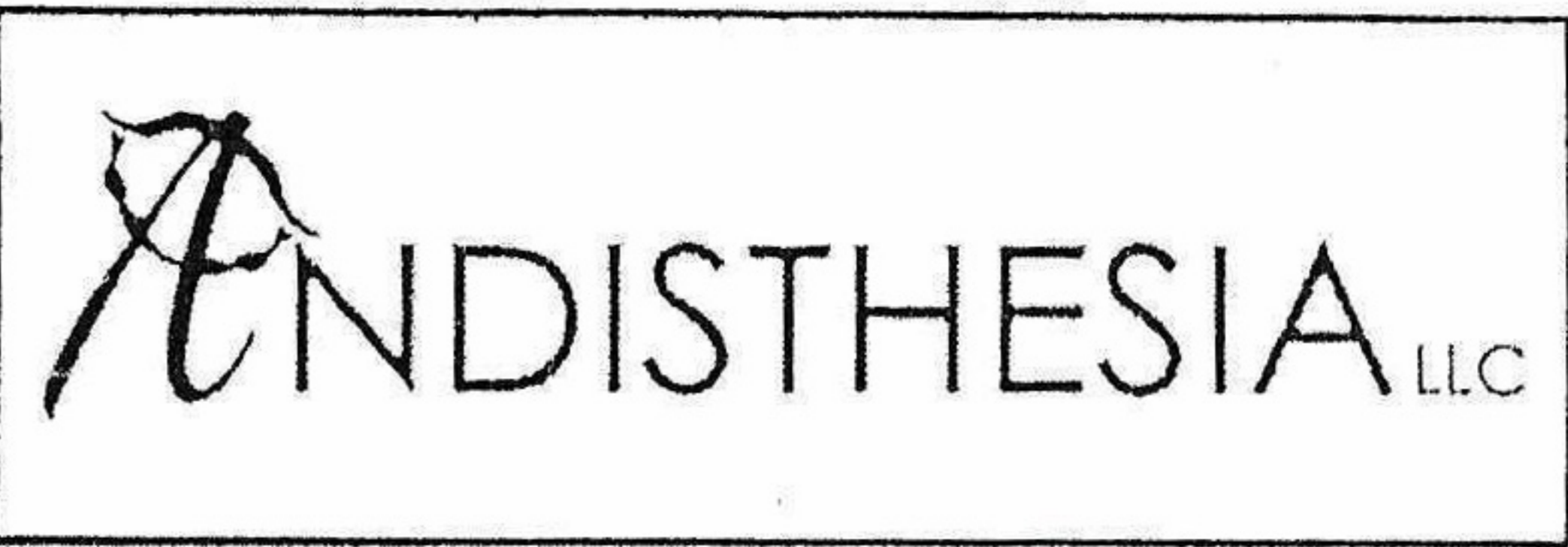
 X

Patient/ Guarantor Signature

Date

Please send Payments to:

Andisthesia LLC
6508 S 27th Street Ste 9-#280
Oak Creek, WI 53154



Dear Milwaukee Surgical Suites Patient,

Anesthesia is available to you for your procedure. There will be a SEPARATE charge for this service from the anesthesia provider, Andisthesia LLC.

We will bill your anesthesia charges to your insurance company in a good faith attempt to utilize your insurance benefits.

If your insurance denies the charge, we can send you a bill for services rendered. The bill/claim for your anesthesia service will be billed directly to your primary insurance carrier, then to your secondary insurance carrier after the primary payment has been received, if applicable. If no secondary insurance was provided at time of service, we will send you a statement for your co-insurance due, as determined by the terms of your insurance carrier. This can be a percentage in addition to your deductible, before out-of-pocket max is reached. If you have questions about your co-insurance coverage & responsibility, please contact your insurance provider.

If your insurance sends payment for anesthesia directly to you, please endorse the back of the check and send it to the address below. We will also require a copy of the Explanation of Benefits (EOB) to be sent with the check to properly process and post the payment to your account. If the check and EOB are not received within 7 days of our being notified that a payment was mailed, you will be held responsible for the full payment.

Please note that the EOB you receive from your insurance carrier is not a bill. If you are paid directly by your insurance carrier, please contact us immediately.

I, _____ authorize payment for insurance-covered services to be made to Andisthesia LLC. I understand that all non-covered fees including, but not limited to, co-pays, coinsurance, and deductibles, are in addition to the insurance-covered fees and remain my responsibility. I further authorize the release of any medical information necessary to process this claim, coverage denials, or other adverse decisions on my behalf with my insurance company.

Patient/Guarantor Signature

Date

For Billing Questions Please Contact: 602-834-5363
To Pay your Bill Online: www.andisthesia.com

Please Send Payments To: Andisthesia LLC 6508 S 27 th St. Ste 9 - #280 Oak Creek, WI 53154
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