



Assignment of Benefits and Financial Responsibility – Wisconsin

Patient Name: _____

Insurance Plan/Policy #: _____

Date of Birth: _____

Dear Milwaukee Surgical Center Patient,

1. Assignment of Benefits

I hereby assign to Opus Anesthesia, LLC (d/b/a "Opus") all rights to payment of medical benefits otherwise payable to me under my insurance policy, health benefit plan, or government health program (including but not limited to Medicare, Medicaid/BadgerCare Plus, Tricare, or other federal health benefit programs). This assignment includes the right to receive payment directly, to appeal benefit denials, and to pursue any administrative or legal remedies available under my plan.

2. Authorization to Release Information

I authorize the release of any medical records or other information necessary for processing claims, determining benefits, or resolving appeals.

3. Patient Financial Responsibility

You will receive a separate bill for anesthesia services provided by Opus Anesthesia, LLC.

We will submit a claim to your insurance carrier(s) on your behalf in good faith. If you have both primary and secondary insurance, claims will be submitted in that order.

- a) Government Programs (Medicare, Medicaid/BadgerCare Plus, Tricare, or other federal health benefit programs): I understand that Opus Anesthesia will accept program payment plus applicable copayments or coinsurance as payment in full, consistent with federal and Wisconsin law. I will not be balance billed for covered services.
- b) Commercial or Employer-Sponsored Insurance: I understand I am financially responsible for any amounts not covered by my insurance plan, including deductibles, copayments, coinsurance, or other non-covered services



4. If Payment is Sent to Me

If my insurance carrier issues payment for services directly to me, I agree to endorse the check and forward it, along with the Explanation of Benefits (EOB), to Opus Anesthesia, LLC within seven (7) days of receipt. If I fail to do so, I may be held responsible for the full balance due.

5. Duration and Revocation

This assignment and authorization remain in effect for all services provided by Opus Anesthesia unless revoked by me in writing. Revocation will not apply to claims or services already provided.

Patient/Legal Representative Signature: _____

Print Name: _____

Date: _____

**For Billing Questions Please Contact
Billwell:**
602-834-5363 x1002

To Pay your Bill Online:
www.OpusAnesthesia.com

Please Send Payments To:

Opus Anesthesia LLC
6508 S 27th St. Ste 9 - #280
Oak Creek, WI 53154

Questions or Complaints
Wisconsin Office of the Commissioner of Insurance: **1-800-236-8517** or oci.wi.gov
Federal No Surprises Help Desk: **1-800-985-3059**