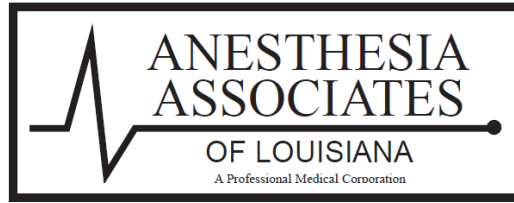


P O Box 4333
Houma, LA 70361
985-223-3132



FINANCIAL POLICY

Thank you for choosing Doctors Outpatient Surgery Center, LLC, for your services. Anesthesia Associates of Louisiana, APMC is contracted by the facility to provide anesthesia care for patients. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy which we require that you read, agree to and sign prior to any treatment.

FINANCIAL AGREEMENT:

We strive to provide the very best level of care and service to our patients. This includes working with many insurance companies and plans. In order to facilitate insurance billing, we require the most up-to-date insurance information at each visit, so that we may bill all services in a correct and efficient manner. We will bill your insurance carrier(s) for services; however, you are responsible for knowing your coverage and benefits, as there is no guarantee of payment from any insurance company or other payer. It is always best that you call your insurance company to better understand your benefits for this service as well. Unfortunately, Anesthesia Associates of Louisiana is out of network with the majority of insurance providers.

Professional services are rendered to you, not to an insurance company and you are responsible for payment of any/all of the charges if the insurance company or other agency does not pay the bill. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits, you are still responsible for any outstanding balances. If your insurance company has not paid your account in full within 45 days, the balance will automatically be your responsibility. Your insurance may mail the payment directly to you. If this occurs, *please forward the check to us to deposit and apply to your account or send a personal check in the same amount of the check you received from the insurance company within 7 days.* **If you receive a check from your insurance company and do not forward payment to Anesthesia Associates of Louisiana or do not send a personal check within 7 days, you will be billed for services in full and referred to an attorney for further action.**

If payment is not made within 90 days from the statement issue date, your account will be considered delinquent. You should be aware that should your account become delinquent and collection proceedings are enacted against you, you will be responsible for all costs of collections including collection agency fees, court costs, and interest. **There will be a \$40.00 charge for all NSF checks;** we will ask for all subsequent payments to be made by cash or credit card. We cannot hold checks for a later deposit date, so please make sure there are sufficient funds in your account prior to writing a check to us.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for this area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

If you have any questions, please call 985-223-3132 and ask for the Anesthesia Associates of Louisiana Billing Department.

I have read, understand and agree to this Policy.

Signature of Patient or guardian

Printed Name

Date

Witness Name

Date