

---

**TERMS AND CONDITIONS OF FINANCIAL RESPONSIBILITY**

**1. Insurance Coverage and Verification**

Your procedure is scheduled to take place at Heron Rock Surgery Center. As a patient, you are responsible for any portion of the procedure costs that your insurance does not cover. This includes copays, deductibles and any other charges deemed your responsibility by your insurance provider. As a courtesy to you, we will submit claims to your insurance provider. It is your responsibility to verify that your insurance plan covers services at this facility. Any services not covered by your insurance will be your sole financial responsibility. All out-of-pocket service fees must be paid in full by the day of service.

**2. Copays, Deductibles, and Coinsurance**

All applicable copays, deductibles, and coinsurance amounts are due on the day of service.

Payments can be made using cash, credit card, or check. Heron Rock Surgery Center reserves the right to refuse service if payment is not rendered at the time of service.

**3. Outstanding Balances**

If your insurance provider determines that additional charges are your responsibility after processing the claim, you will be billed accordingly. Payment for outstanding balances is due within 30 days of receiving your billing statement.

**4. Non-Payment Policy**

Failure to pay your financial responsibility may result in your account being referred to a collection agency.

**5. Refunds**

Any overpayment will be refunded to you after all claims have been processed and payments applied.

**6. Cancellation or Rescheduling**

If you need to cancel or reschedule your procedure, please notify Heron Rock Surgery Center at least 48 hours in advance. Failure to do so may result in a \$50 cancellation fee.

**7. Compliance with Insurance Policy Requirements**

It is your responsibility to provide accurate and up-to-date insurance information before your procedure. If your insurance requires preauthorization or referrals, it is your responsibility to ensure that these are obtained prior to your procedure.

**8. Privacy and Security**

Heron Rock Surgery Center complies with all applicable privacy laws to protect your personal and financial information.

**9. Agreement to Terms**

By signing this agreement, you confirm that you have read, understood, and agree to these terms and conditions.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_