

Riverside Surgery Center policy on Transparency and Patient Billing

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- A. Average of payments received from all payer sources except Medicare and Medicaid for service bundles, including and estimated payment range for such bundles. This is a sampling of 5 payer sources. This is a non-personalized estimate that may be incurred by the patient and actual costs will be based on services actually provided.
1. Medicare allowable for Cataract Surgery/Blepharoplasty/Ptosis
 - a. \$932.98 CPT 66984
 - b. \$932.98 CPT 66982 complex
 - c. \$778.14 CPT 15823
 - d. \$778.14 CPT 15821
 - e. \$766.26 CPT 67904
 2. BCBS allowable for Cataract Surgery
 - a. \$957.56 CPT 66984
 - b. \$957.56 CPT 66982 complex
 3. UHC allowable for Cataract Surgery
 - a. \$499.00 CPT 66984
 - b. \$499.00 CPT 66982 complex
 4. Aetna Allowable for Cataract Surgery
 - a. \$927.50 CPT 66984
 - b. \$927.50 CPT 66982 complex
 5. Cigna Allowable for Cataract Surgery
 - a. \$928.00 CPT 66984
 - b. \$928.00 CPT 66982 complex

Average allowable for Cataract CPT's 66984 and 66982 complex is: \$849.00

- B. The information on average payments and payment ranges is an estimate of costs for the services.
- C. You, as a patient, may request a personalized estimate of charges by asking prior to surgery and once all CPT codes to be performed are listed. This can be asked of the billing department through your surgery coordinator.
- D. Our Website: www.myriverside.com, this content is reviewed every 90 days and updated as needed to maintain timely and accurate information.
- E. Agency Pricing website: <http://pricing.floridahealthcarefinder.gov>
- F. List of all Health Insurances that we PAR with:
- a. Aetna and Coventry
 - b. Argus
 - c. BCBS of FL
 - d. CarePlus
 - e. Cigna
 - f. Freedom Health
 - g. GEHA and GHI
 - h. Health First
 - i. Medicare
 - j. Multiplan
 - k. Premier Eye Care
 - l. Tricare
 - m. UHC-includes Med Advantage Plans-AARP, WellMED
 - n. VA and Champ VA
 - o. Worker's Comp
- G. North Tampa Anesthesia Consultants PA
- H. We offer financial assistance through Care Credit.
- I. Contact Person for Riverside Surgery Center: Trish Daniels 772-589-8111 ext 107

2. Service Bundles: All cataracts (CPT's 66982 and 66984) are billed separately. Blepharoplasty (CPT 15821-15823) and Ptosis (CPT 67904) are billed together.
3. We shall provide timely and accurate responses to all parties regarding good faith estimates and requests for itemized bills. This will be done within 7 business days of the request.
4. Pre-registration shall be considered a request for a good faith estimate of the reasonably anticipated charges for that patient's condition. The estimate may be based upon the estimated average payment for the patient's specific service or service bundle unless the patient requires a more personalized estimate. This estimate shall include:
 - a. Information advising the requestor the estimate is based on an average cost for the patient's specific service or state defined service bundle.
 - b. Guidance informing the requestor to contact their insurance carrier or HMO for anticipated cost-sharing responsibilities.
 - c. A statement advising the requestor that the actual cost may exceed the estimate.
 - d. Our billing, collections and financial assistance policies, including details on how to request financial assistance, and all financial assistance options (Care Credit) offered by the center.
 - e. Facility fees (none)
 - f. We shall identify any optional non-covered services allowing the patient to decline.
 - g. North Tampa Anesthesia Services PA (Call Mon-Fri 8:00am-5:00pm, 813-627-4723, Ext 2) is the only provider that bills separately. Cash price is \$250 per eye for cataract surgery, \$450 for bilateral upper lid blepharoplasty surgery, paid upfront to North Tampa Anesthesia Consultants PA.
 - h. The procedure or service you are having maybe less at another facility or other health care setting.
 - i. We offer a personalized estimate upon request. Please request in writing.
 - j. Your personalized estimate will take into account your current physical condition, diet, and the provider performing the service.
 - k. We shall provide the patient an itemized statement or bill upon request. We shall provide this within 7 days of a verbal or written request to the billing department. This itemized bill will include:
 - a. A description of the individual charges by date, identifying each procedure, test., medication, or therapy given, and any equipment or supplies billed.
 - b. A description of any additional fees, if applicable.
 - c. Identification of services and providers who bill separately.
 - d. Our contact for any questions or disputes is Holly Parker, Office Manager. Phone is 772-589-8111 ext 139. Fax is 772-581-8450.
 - e. Any subsequent bill will clearly designate any changes or payments made from the original bill.
 - l. The facility must provide records to verify the bill or statement within 10 days after a request and respond to questions concerning the statement or bill.
5. Any services that are recommended but not required will be presented to the patient as optional prior to any non-emergency procedures being rendered.
6. We shall educate the public by directing to the information given here and any web resources that are available, please request this information in writing.