

AdventHealth Surgery Center Port Orange
FINANCIAL DISCLOSURES

The State of Florida requires that we provide the patients of our Centers the following disclosures:

- A. *Services may be provided in this Center by the facility as well as by other health care providers who may separately bill the patient and who may or may not participate with the same health insurers or health maintenance organizations as the facility.*
- B. You may pay less for this procedure or service at another facility or in another health care setting.
- C. Services may be provided in this health care facility by the facility as well as by other health care providers that may separately bill you. You will be separately billed for the following services. Any questions regarding their bill, please contact them directly at the following numbers.
 - **Physician Fees**
AdventHealth Medical Group
855-241-2455
 - **Anesthesia Services Fees**
AdventHealth Medical Group -Anesthesia Department
386-231-5237
 - **Pathology fees if any biopsies were taken**
AmeriPath
1-800-561-6991
- D. You should contact your insurer or health maintenance organization regarding your cost-sharing responsibilities
- E. The State of Florida's regulatory agency has a pricing website that provides information on payments made to the facilities for defined service bundles and procedures. The website is located at: <http://pricing.floridahealthfinder.gov>
- F. This service bundle information is a non-personalized estimate of costs that may be incurred by the patient for anticipated services and that actual costs will be based on services actually provided to the patient.
- G. Patients and prospective patients may request from this facility and other health care providers a more personalized estimate of charges and other information. An estimate or an update to a previous estimate shall be provided within 7 business days from receipt of the request.
- H. Patients and prospective patients should contact each health care practitioner who will provide services in the ASC to determine the health insurers and health maintenance organizations with which the health care practitioner participates as a network provider or preferred provider.
- I. The Center will provide an itemized statement or bill upon request of the patient or legal guardian. The itemized statement or bill will be provided within 7 business days after the patient's discharged or 7 business days after the request, whichever is later.

- J. The patient has a right to dispute charges that appear on the patient's itemized statement or bill. This facility will provide an initial response to any patient grievance within 7 business days after the patient formally files a grievance disputing all or a portion of an itemized statement or bill.**

- K. This facility will disclose to a patient, a prospective patient, or a patient's legal guardian whether a cost-sharing obligation for a particular covered health care service or item exceeds the charge that applies to an individual who pays cash or the cash equivalent for the same health care service or item in the absence of health insurance coverage.**

- L. For further information on financial policies, please go to the following Center's website or contact the Center's billing liaison for questions on your bill or to file a billing grievance:**

AdventHealth Surgery Center Port Orange - Administrator at (386) 777-7151 or on the Center's website at:

<https://www.adventhealth.com/surgery-center/adventhealth-surgery-center-central-florida/port-orange>