



# Renaissance Surgery Center

## OUTPATIENT SURGERY CENTER

### **BILLING PROCEDURES**

Thank you for choosing the Renaissance Surgery Center as the place to have your surgical procedure performed. The Renaissance Surgery Center, which opened in October of 2005, specializes in performing minimally invasive spine and neurosurgery using specially trained nurses and the newest, state-of-the-art equipment available. Our goal is to ensure that your stay with us is pleasant, efficient, and above all, as safe as possible.

Deductibles and co-payments are due and collectible on the day of service. Following your surgery, the physician performing your procedure will bill your insurance company for his or her services. If an anesthesiologist participated in your treatment, your insurance company will be billed separately for his or her services.

Finally, your insurance company will receive a bill from the Renaissance Surgery Center for the use of the facility and the nursing staff. After billing your primary insurance carrier, any secondary insurance will be billed. You will then be responsible for the payment of some amounts not paid by your primary or secondary insurance. Our billing department will forward a final bill to you for any co-payments or deductibles due once the appropriate adjustments have been made.

### **PERSONAL VALUABLES**

It is understood and agreed that the center advises patients to leave all valuables at home, and that the center shall not be liable for the loss or damage to any personal property.

### **MEDICAL AND SURGICAL CONSENT**

The patient is under the care and supervision of his/her attending physician and it is the responsibility of the center and its nursing staff to carry out the instructions of such physician. The undersigned recognizes that all physicians/surgeons, including anesthesiologists furnishing services to the patient have a financial interest in the Renaissance Surgery Center, LLC. The undersigned consents to x-ray examination, laboratory procedures, anesthesia, medical or surgical treatment or center services rendered the patient under the general and special instructions of the physician.

### **ADVANCE DIRECTIVES**

Renaissance Surgery Center does not honor Advance Directives of any kind, written or otherwise.

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Patient

\_\_\_\_\_  
Date

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Witness

\_\_\_\_\_  
Date