

## **Billing and Payment Policies**

It is the policy of Tallahassee Plastic Surgery Center that all fees for insurance patients with co-payments and deductibles, and all fees for cosmetic patients, are collected at the time of the patient's pre-operative H&P (history & physical). Co-payments are determined by the patient's insurance plan.

An electronic statement will be generated for any patient balance over \$5.00, mailed every 30 days. Once three statements have been sent, if there is a remaining balance, or if there is no response, the billing specialist will bring the account to the attention of the Administrator for dispensation.

The Surgery Center may evaluate each claim on an individual basis if requested by a patient based upon financial hardship.

## **Who might you receive a bill from?**

Services may be provided in this health care facility by the facility as well as by other health care providers who may separately bill the patient and who may not participate with the same health insurers or health maintenance organizations as the facility as applicable.

Below is a list of providers that may bill the patient separately. It is the responsibility of the patient to contact each health care provider who will provide their service for an estimate of their charges.

### Anesthesia:

Anesthetic Solutions of Florida, LLC  
400 East 10<sup>th</sup> Street  
Waconia, MN 55387  
(888)278-4126

### Pathology:

KWB Pathology Assoc.  
1899 Eider Court  
Tallahassee, FL 32308  
(850)878-5143

### Laboratory:

LabCorp  
PO Box 2240  
Burlington, NC 27216  
(800)845-6167

Patients and prospective patients may request from this facility and other health care providers a more personalized estimate of charges and other information. Patient and prospective patients should contact each health care practitioner who will provide services in the surgery center to determine the health insurers and health maintenance organizations with which the health care practitioner participates as a network provider or preferred provider.

To find and learn more about Florida healthcare facilities and providers in your area, you can go to [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov)

\*\*If you have any questions regarding billing or payment, you may contact our billing specialist, Michelle Bunce at (850) 325-6500 between 8:00am and 5:00pm, Monday through Thursday and 8:00am to 12:00noon on Friday.

## **Surgery**

### **Hours of Operation**

Monday thru Thursday  
07:00am to 05:00pm

Friday 07:00am to 12:00pm

(times may vary depending on surgery)

### **After Hours Contact Information**

(850)325-6500

OR

(850)877-2126

(Answering service will pick up after hours)

(And page the on-call physician)

Patient's Rights and  
Responsibilities, Advance  
Directive, & Billing Policy

# We Care About Your Rights

TALLAHASSEE  
**PLASTIC SURGERY CENTER**  
2452 Mahan Drive, Suite 102  
Tallahassee, FL 32308  
Privacy Contact: (850) 325-6500

## ***Our Mission***

*The mission of Tallahassee Plastic Surgery Center is to provide quality outpatient surgical care directed toward meeting the needs of our patients and their families in an environment dedicated to patient safety, comfort, and respect....*

## **Patient's Bill of Rights and Responsibilities**

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

### **A patient has the right to:**

- \*Be treated with courtesy and respect, with appreciation of his or her dignity, and with protection of privacy.
- \*Receive a prompt and reasonable response to questions and requests.
- \*Know who is providing medical services and who is responsible for his or her care.
- \*Know what patient support services are available, including if an interpreter is available if the patient does not speak English.
- \*Bring any person of his or her choosing to the patient-accessible areas of the healthcare facility or provider office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.
- \*Know what rules and regulations apply to his or her conduct.
- \*Be given by the health care provider information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- \*Refuse any treatment, except as otherwise provided by law
- \*Be given full information and necessary counseling on the availability known financial resources for care.
- \*Know whether the health care provider or facility accepts the Medicare assignment rate if the patient is covered by Medicare.
- \*Receive prior to treatment, a reasonable estimate of charges for medical care.
- \*Receive a copy of an understandable itemized bill and, if requested, to have the charges explained.
- \*Receive medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- \*Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- \*Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such.
- \*Express complaints regarding any violation of his or her rights.

### **PATIENT COMPLAINT OR GRIEVANCE**

To report a complaint or grievance you can contact the facility Administrator, LaTrell Wainwright, RN, by phone at (850) 325-6500 or by mail at:

Tallahassee Plastic Surgery Center  
2452 Mahan Drive, Suite 102  
Tallahassee, FL 32308

Complaints and grievances may also be filed through:

Agency for Health Care Administration  
State of Florida (888) 419-3456

[www.ahca.myflorida.com](http://www.ahca.myflorida.com)

OR

Medicare 1-800-MEDICARE

[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

- \*His or her actions if treatment is refused or if the patient does not follow the health care provider's instructions.
- \*Making sure financial responsibilities are carried out.
- \*Following health care facility conduct rules and regulations.

### **Further Rights and Responsibilities:**

#### **A patient has a right to:**

- \*Be provided personal privacy.
- \*Receive care in a safe setting.
- \*Be free from all forms of abuse or harassment.
- \*Be free from any act of discrimination or reprisal.
- \*Voice grievances regarding treatment or care that is (or fails) to be furnished.
- \*Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- \*Make informed decisions regarding his/her care.
- \*Request a change in provider if at any point the patient is uncomfortable with the healthcare provider assigned to the patient.
- \*Be provided, to the degree known, information concerning them diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- \*Expect Tallahassee Plastic Surgery Center to provide access to care after regular hours and in the event of an emergency. This information will be given to the patient or his/her designated caregiver as part of the written post-operative care instructions.
- \*Know of any relationships existing between Tallahassee Plastic Surgery Center and other external parties including health care providers or payors that could influence the provision of services, treatment, or decisions for transfer.

- \*The patient is responsible for compliance with the smoke free policy at Tallahassee Plastic Surgery Center.
- \*The patient is responsible for providing a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, as required by his/her provider.
- \*The patient is responsible for being respectful of all health care professionals and staff, as well as other patients.

- \*If a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
- \*If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.

### **Privacy Rights:**

#### **A patient has a right to:**

- \*Privacy and to the assurance that discussion, consultation, examination and treatment shall be conducted so as to protect the privacy of the patient always.
- \*Expect all communication and records pertaining to expenses accrued during treatment, the source of payment, and similar pertinent financial matters will be treated in a manner that is as confidential as the medical record.
- \*Retain and use personal clothing or possessions as space permits, unless for him or her to do so would infringe upon the rights of another patient or is medically or programmatically contraindicated for documented medical, safety, or programmatic reasons.
- \*Expect movement to an alternate room or treatment site when either another patient or visitors are identified as violating the smoke-free policy of Tallahassee Plastic Surgery Center; exhibiting threatening or disturbing behavior; or being unreasonably vocal or argumentative to a point that the appropriate environment for rest and healing cannot be achieved.
- \*Expect Tallahassee Plastic Surgery Center to provide whatever protection and privacy are deemed appropriate to assure personal safety.
- \*Expect that filming, photography or interviews shall not take place without obtaining the patient or designee's consent.
- \*Privacy of their Protected Health Information (PHI) as specified in the Tallahassee Plastic Surgery Center's Notice of Privacy Practices brochure and as required by Florida Statute and the Health Insurance Portability and Accountability Act (HIPAA).

### **Advance Directive:**

It is the policy of Tallahassee Plastic Surgery Center, if a patient experiences a life-threatening emergency all available means will be utilized to resuscitate and stabilize the patient prior to transfer to a hospital, with or without an advance directive. We will attempt to treat, and resuscitate, if necessary, all of our patients in the event of a medical complication. Information and sample forms of an advance directive are available upon request.

The following website provides more information:

[www.floridahealthfinder.gov](http://www.floridahealthfinder.gov)