

SURGEONS

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Dear Patient:

Many insurance companies require prior approval for hospital admissions and/or surgical procedures, including outpatient procedures. While we will be happy to assist you in obtaining these approvals, the ultimate responsibility is yours.

Please be sure the insurance information we have on file is correct. This will facilitate the processing of your claim and help to reduce insurance payment delays and denials.

Your surgical benefits will be checked. If a pre-payment is required, you will be contacted prior to your surgery. You, or your responsibility party, will be required to pay all co-payments, deductibles and/or co-insurances amounts that apply to the physician portion of the procedure(s), **prior to surgery**. All surgical benefit quotes received from your insurance are an estimate of the total services to be rendered by the physician and are subject to change. Upon receipt of any overpayment, a refund will be made after all claims have processed.

Please remember if you have Medicare Part B, you will be responsible for any unmet Part B deductible. If there is no secondary insurance, you will *also* be responsible for the twenty percent (20%) Part B coinsurance based upon the allowable Medicare charge.

You are scheduled to enter _____ Hospital
on _____ at _____. Your first
postoperative visit will be due _____. Please call to make that
appointment.

If you should have any questions between now and the time of your scheduled surgery, please feel free to call.

Jennifer Owen
Surgery Coordinator - (423) 209.9103

No food or drink after midnight _____. Please do not take aspirin until after surgery.
(night before surgery)