



Dear Valued Patient:

Thank you for choosing Crosstown Surgery Center for your medical needs. This billing and financial information is being provided to assist in your understanding of your medical procedure.

■ **PLEASE BRING YOUR INSURANCE CARD WITH YOU ON THE DAY OF SURGERY.**

We will make a copy for our records. You should also bring all information related to your workers compensation injury, if applicable. We will need: the workers compensation carrier, the claim number, your date of injury, the workers compensation contact person and phone number.

■ If you have insurance, we will be happy to bill your insurance carrier. It is your responsibility to know your network coverage and benefits. If you should have further questions, please contact your insurance carrier. Without this information, your claim will be delayed. We will verify all of this information on the date of surgery and will have asked you to review this. Your cooperation is appreciated to ensure your medical claims process correctly.

■ We request that outstanding charges be paid monthly within a six month time period from the first billing statement. During this time, we request that you make six equal payments to clear your balance. It is your responsibility to pay any amount not covered by your insurance company. This payment policy excludes procedures not medically necessary. These are due at the time of service.

■ If your procedure is to be covered by auto insurance or liability insurance, we will be happy to submit the claim to the carrier the first time, provided we have all the necessary information. If the carrier does not pay after the first submission, we will send you a form that can be resubmitted to the carrier. You will be responsible for all charges and follow-up on these claims. A detailed explanation will be provided to you with the claim form.

■ If you do not have insurance or if you have difficulty meeting the above payment requirements, please contact our Business Office at (952) 456-7377, as we are always available to discuss payment plans.

■ In addition to receiving a bill from Crosstown Surgery Center, you may receive bills from your doctor's office and anesthesia providers in the event any have provided services related to your procedure.

Thank you again for the opportunity to serve you.

Friends, Family & Neighbors

Welcome to Crosstown Surgery Center

REQUESTS AND REMINDERS:

- We provide a variety of hot beverages and water in the waiting area. Please ask the receptionists for assistance with fresh coffee and supplies.
- Cell phone use is permitted in the waiting area and the hallways. For your convenience there is a phone located in the waiting area. Dial 9 to get an outside line. If you do use a phone, please be courteous of others around you.
- We ask that you remain at the Surgery Center to speak with the surgeon following surgery. Please inform the receptionists if you need to leave the waiting area or the facility.
- Patient surgery and recovery time may be different from what you have been told. You will be escorted from the waiting area to the recovery area when the patient is ready. The receptionists will be happy to answer your questions.
- There are restrooms located on each floor of the building near the elevators. If you need directions, please ask the receptionists.
- Please ask the receptionists for assistance with the TV.
- Feel free to approach any of our staff members if you need assistance during your stay and share suggestions for our improvement.
- Our goal is that your stay with us will be comforting so that in the future you will recommend our services.

Thank you!
