



Dear Patient,

The Crosstown Surgery Center is a physician owned state-of-the-art outpatient surgery center that specializes in Orthopedic and Pain Management procedures.

We take great pride in being a physician-owned surgery center with the goal of making every patient visit a positive experience. Our physicians, nurses, healthcare professionals, and administration are all actively involved in the operational decision-making to ensure that you receive the utmost in quality care and personalized service.

We strive to maintain the highest standards for patient care. Anesthesia services are provided by Southdale Anesthesiologists, LLC. Our Anesthesiologists also practice at Fairview Southdale Hospital in Edina, Minnesota. The Crosstown Surgery Center is licensed by the MN Department of Health and is Medicare-certified.

When receiving care at Crosstown Surgery Center, we request that outstanding charges be paid within the first month after receiving the first billing statement. 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 you do not have insurance, or if you have difficulty meeting the above payment requirements, please contact our **Billing Office at 952-456-7377**.

- **Insurance:** We will be happy to bill your insurance carrier. It is your responsibility to know your network coverage and benefits prior to surgery. If you should have further questions, please contact your insurance carrier. Without this, 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.
- **Workers Compensation:** We will need: the workers compensation carrier, the claim number, your date of injury, the workers compensation contact person and phone number.
- **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. You will ultimately be responsible for all charges and follow-up on these claims. Even though a claim is submitted to your insurance, you will also receive the statements.

In addition to receiving a bill from Crosstown Surgery Center, you may receive bills from your surgeon's office and anesthesia providers in the event any have provided services related to your procedure. Please direct questions regarding a specific bill to the phone number listed on the bill. They will assist you with questions regarding payment and balances.

1. **Crosstown Surgery Center** - This facility charge includes nursing staff, technical staff, equipment, supplies, medications, and other items that were used during your stay with us.
2. **Southdale Anesthesiologists, LLC** - This professional charge is for the assessment, supervision, and administration of anesthesia by a Medical Doctor of Anesthesia before, during and after your procedure.
3. **i-Health** – Twin Cities Orthopedics professional charge is for the surgeon or provider that performed your procedure. This professional group practices at our facility.

***Remember:** As the insured patient or guarantor, it is your responsibility to verify that all 3 organizations are in your plan's network, and to verify coverage amounts. Please contact your insurance plan to verify coverage.

Through the teamwork of our physicians and staff, the Crosstown Surgery Center will do everything possible to make your surgical experience a positive one!

We look forward to exceeding your expectations and providing you with an outstanding surgical experience!

- The Physicians and Staff of the Crosstown Surgery Center



Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn’t in your health plan’s network.

“Out-of-network” describes providers and facilities that haven’t signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called **“balance billing.”** This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You **can’t** be balance billed for these emergency services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can’t** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can’t** balance bill you, unless you give written consent and give up your protections.



You're **never required to give up your protections from balance billing**. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been **wrongly billed**, you may contact www.cms.gov/nosurprises for more information about your rights under federal law.

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