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## EXPLANATION OF CHARGES AND PAYMENT POLICY

We appreciate the trust that you have placed in our practice by asking us to perform your surgery. We will do our absolute best to make the experience a positive one. This is an outline of our billing and collection process. For further details, please call **Diane** in our office at (307) 682-7555. For information about hospital charges, please contact the hospital billing office.

As surgical specialist, we charge a consultation fee for an office visit or inpatient evaluation. This represents our medical evaluation, review of diagnostic tests, and decision-making. For each procedure or operation that is performed, the surgeon charges a separate fee. Many times, the surgery requires an assistant. If one of our staff is the assistant, you will be billed an assistant fee from our office as well. Routine follow-up after most operations is included in the surgical fee.

The charges from our office are **usually** only 20-25% of your total charges. The Hospital fees make up the rest. Even if you have insurance, you, the patient, are ultimately responsible for the bill. However, to simplify the process for you, we will submit charges to your insurance company directly. Our fees are generally set at a contracted rate that varies by insurance plan. To get this rate, the surgeon must be a preferred provider in your plan. **You are responsible for verifying this.** You should also call the insurance company and inform them of the procedure you are having and make sure you are covered.

Prior to surgery, we will contact your insurer to obtain pre-certification and verify your benefits. This process does not guarantee payment from the insurance company.

We will send you a statement after your procedure informing you of our charges. At this time, we will also send a claim in to your insurance carrier. Once they have paid their portion, we will send you a statement indicating the balance that you owe, if any. We expect payment within 30 days. **Please call our office if you do not understand this statement.** If no attempt to pay has been made within 90 days, the account will automatically be turned over to a collection agency and will adversely affect your credit report. If you have a special circumstance, you may contact **Diane** directly to make arrangements and avoid being placed in collections.

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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_