

Neuromonitoring and Surgical Assistant Release:

Due to the changes made by healthcare insurance companies, we feel it is necessary to inform you about some out-of-network costs you may incur for your upcoming surgery and give you the opportunity to contact these providers prior to your surgery.

Dr. Jatana requires the use of experienced **surgical assistants** for all his surgeries. Because we want you to have the best outcome, **our physicians insist** that their surgical assistants have experience in spinal surgery. Therefore, we are limited in our choice of surgical assistants for your surgery. We also want to inform you that all cervical, thoracic, or lumbar decompression and/or fusion surgeries require intra-operative **neuromonitoring**. This is not an option and must be used to provide the best quality of care. This technology provides feedback to the surgeon regarding the status of your spinal cord and nerves during your surgery. There are, however, only a few companies in the area that do this. Our understanding is that they do not participate with most health insurances. Unfortunately, this may result in your benefits being reduced because we may use an out-of-network provider. In most cases, your out of network benefits will cover the charges. However, we feel it is important that we let you know that you may be responsible for any deductible/co-insurance amounts indicated by your insurance company. The billing companies will appeal these claims on your behalf and, in most cases, must have a member authorization form on file to do this. If you receive a **member authorization form** to appeal the claim on your behalf from any of these providers please sign and return that as soon as possible. By not doing so these providers will not have the ability to file an appeal on the claim if insurance payments are incorrect and that may result in additional financial liability for you as well. This form must be signed and returned within 30 days of receipt or you may be held responsible for the unpaid balance on that claim. These companies will work hard on your behalf to secure a reasonable payment from the insurance carrier without penalty to you. However, if they are not successful after multiple appeals, which could take 12 month or more, you may receive a bill for a portion of what insurance says is your responsibility. This is typically no more than \$500 per provider and will be less if the insurance company has paid any portion of the claim. (e.g. If insurance pays \$250 you would be responsible for \$250 equaling the \$500 minimum due for this provider. If insurance pays \$500+ your responsibility would be \$0) _____patient initials

The post op 90 day global period includes follow up visits with the Surgeon or PA at no charge. If x-rays are performed, we will bill insurance. There may be a copay, deductible or coinsurance applied to that x-ray that is not included in the global period and would be your responsibility.

If you receive a payment directly from the insurance company for any of the providers involved in your surgery, you must endorse the check and forward it along with the Explanation of Benefits to the provider that rendered those services as soon as the payment is received to avoid additional financial liability. In most cases you will receive a statement from the provider shortly after the check is received. _____patient initials

We want your experience to be a positive one and therefore we feel you should be aware of these issues before your surgery is performed. Please contact these providers directly with any questions you may have about their billing procedures as they are not affiliated with our office and we cannot give any information on their behalf. It is also a good idea for you to contact your insurance company prior to surgery to inquire about your benefits.

Thank you.

Toreen Ovind
Surgery Coordinator 303-697-7463 ext. 120

I have read and fully understand the above information.

Patient name/DOB: _____ Patient Signature: _____ Date: _____
(Please Print)

Physician Signature: _____ Date: _____

Neuromonitoring: JGT(intraop neuromonitoring services) , PBP (Dr Katuna, Dr Carroll or Dr Ibrahim):

MTBC/gulf coast billing - 732-873-5133 x 402 or irodriguez@gulfcoastbilling.com) PO BOX 1288 Crosby, TX 77532

Surgical assistant:

Anesthesia: Greater Colorado Anesthesia - (303) 813-6555

We do recommend that you contact the anesthesia group designated here to get information about any out-of-pocket expenses you may have from the anesthesiologist.