

Patient Name: _____ Patient DOB: _____

Due to complex federal laws and insurance company policies beyond our control, billing associated with your healthcare is very complex. We understand the challenges you may encounter associated with your upcoming surgery. We wish for you to have the best possible outcome and it is our goal to help you understand the separate billing issues that you will encounter. Please review the following information and indicate your understanding and sign at the bottom of this page.

A. **Deductible, Copays and Coinsurance:** Many plans have a high deductible and/or high coinsurance (patient share), which means you may have a significant patient responsibility for your surgery. In most cases, we will bill you after receipt of an explanation of benefits from your insurance company. Billed amounts are due within 30 day and late fees will apply. Please contact our billing department if you will require a payment plan to be set up.

B. **Facility Charge:** Since every plan is different, we cannot give you an estimate of costs associated with the hospital or surgery center. *We will, however, provide you with the anticipated billing codes for our surgery charges if you request them, as well as contact numbers for the facility where your surgery will be performed.*

C. **Anesthesia:** You will receive separate billing from the doctor who provides anesthesia during your surgery. Most anesthesiologists participate with the same insurance plans as the facility you are scheduled to undergo surgery. Should you need additional information, we have provided you with the name of the anesthesia group so you can contact them.
US Anesthesia Partners - (303) 785-4700

D. **Surgical Assistant:** Because of the complexity of spinal surgery and for your safety, Dr. Jatana requires the use of experienced **surgical assistants** for all of his surgeries. Because we want you to have the best outcome, **our physicians insist** that their surgical assistants have extensive experience in spinal surgery. Therefore, we are limited in our choice of surgical assistants for your surgery. Because insurance carriers have complex and varying policies with respect to ancillary staff such as surgical assistants, as they are often not considered to be part of their plan, we want you to know in advance that those services may be considered out-of-network by your insurance carrier.

****Surgical assistant: _____ (DePeche Surgical Assisting) Maddie T. 281.346.3480, ext. 102 (QCservices)***

E. **Neuromonitoring:** We also want to inform you that, for your safety, 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 insurance plans.

****Impulse Neuromonitoring (intraop neuromonitoring services), Neurointerpretive Services (Dr Katuna, Dr Carroll or Dr Ibrahim):
Natasha Toth (281) 346-3480 Ext 110 (QCservices) PO BOX 1789 Crosby, TX 77532***

Additional information regarding Surgical Assistant and Neuromonitoring Billing: Unfortunately, use an out-of-network provider may result in your benefits being reduced. 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)

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 Signature

Date