

**Tullahoma Surgery Center  
Financial Statement**

The staff of the Tullahoma Surgery Center is committed to providing quality care. If you have medical insurance we want to help you receive your maximum allowable benefits. We will be happy to process your insurance claim. In order to achieve this we need your assistance and understanding of our financial policy.

**Insurance**

You will be responsible for all dollars relating to deductibles and co-pays. Co-pays and co-insurance patient responsibility will be payable at the time of service. Your insurance carrier will be billed and if payment is not received within 60 days you will be responsible for payment in full. Since we are not a party to the agreement with your insurance carrier, it is your responsibility to contact the carrier concerning payment.

**Contracted Health Care**

If you have contracted health care (such as PPO, HMO, or POS) your payment policy may vary depending on the contracted agreement. You will be responsible for all dollars relating to deductibles, co-insurance, co-pays or non-allowable charges. Your patient co-insurance responsibility, co-pays and charges of non-allowable charges will be payable at time of service. The co-insurance will be a estimate of charges as to this may change depending on if your surgeon performs anything other than what you were initially scheduled.

**All patients will receive a bill from Tullahoma Surgery Center**, if after that time the account is not paid in full the account status will generate a collection letter and be turned over if necessary. We reserve the right to refer unpaid past due balances to third parties for collection. In the event that any past due balance is placed with a third party for collection, I agree to pay any costs of such collection including agency fees, legal/attorney fees, and court costs.

**I have been informed of the financial policy of this facility and have received a copy of this statement.**

\_\_\_\_\_  
**RESPONSIBLE PARTY SIGNATURE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Representative Signature

\_\_\_\_\_  
Date



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