## For Anesthesia billing questions, please contact :

Dear Milwaukee Surgical Suites Patient,

Please read and ask any questions that you may have so the consent of this letter is understood at the time of service. You will be given a copy of this form in your discharge folder.

Anesthesia is commonly a covered component of your surgery. As a courtesy to you, the bill/claim for your anesthesia services will be billed directly to your primary insurance carrier, then to your secondary insurance carrier after the primary payment has been received, if applicable. If no secondary insurance was provided at the time of service, we will send you a statement for the co-insurance due as determined by your insurance carrier. We have accepted assignment of benefits and your insurance carrier should send the payment directly to our remittance address.

If your insurance carrier sends payment for anesthesia directly to you, please endorse the back of the check and send it to the address below. We will also require a copy of the EOB to sent with the check in order to properly process and post the payment to your account. If the check and EOB are not received within 7 days of our being notified that a payment was mailed, you will be held responsible for the full payment.

Tortoise Anesthesia LLC may not be a participating provider with your insurance company. However, we are always able to negotiate with your insurer to allow minimal or no out of pocket cost to you due to our out of network status. In no case will you be held responsible for the out-of-pocket expense reflected on an explanation of benefits received from your insurer if we are not a participating provider with your insurer. Your o<u>ut-of-pocket responsibility will be less than or equal to if you were utilizing a participating anesthesia provider</u>, and you will not be penalized for using a non-participating provider.

**Please retain a copy of this letter for your records** in case you need to contact us while the claim is being processed and until it has been satisfied. You will receive an explanation of benefits form your carrier and until a statement is received by you from Tortoise Anesthesia, LLC, please do not make any payments to us until you are notified in writing of a balance due. If you have any questions about anesthesia billing upon receipt of an explanation of benefits from your insurance, please contact us at the number above. It is important to that the explanation of benefits you receive from your insurance carrier is NOT a bill. If you are paid directly by your carrier please contact us immediately.

**Assignment of Benefits and Authorization to Appeal**: I authorize payment of medical benefits to Tortoise Anesthesia, LLC. It is my understanding that only the charges that I may be responsible for are those charges assigned as "patient responsibility" by my insurance company or other 3<sup>rd</sup> party payor or when I have no insurance or third-party coverage. I agree to immediately remit to Tortoise Anesthesia, LLC any payments that I receive directly for services provided. I hereby authorize release of any medical records or information necessary to process insurance claims, appeal benefit determinations, coverage denials, or other adverse decisions on my behalf.

**HIPAA NOTICE:** Please note that Tortoise Anesthesia, LLC and Milwaukee Surgical Suites, LLC are business associates. As a result, Tortoise Anesthesia, LLC may receive, use, obtain, access or create Protected Health Information from or on behalf of Milwaukee Surgical Suites, LLC in the course of providing anesthesia service. In order to insure your privacy and protection, please carefully read the HIPAA information that Tortoise Anesthesia, LLC and Milwaukee Surgical Suites, LLC has provided.

Patient/ Guarantor Signature

Date

Please send Payments to : Tortoise Anesthesia, LLC

517 Prairie View Rd.

Williams Bay, WI 53191