



ASHLAND SURGERY CENTER  
658 North Main Street  
Ashland OR. 97520  
541-482-5518

Dear ASC Patient,

Thank you for choosing our center for your care,

You are scheduled on \_\_\_\_\_ for your procedure

With \_\_\_\_\_

Please fill out the enclosed registration packet and bring it with you to your appointment.  
Also, please remember to bring your insurance card (s) and photo ID.  
If your insurance requires a Co-pay, it will be due at the time of service.

We have checked your insurance and the amount due at the time of service will be: \_\_\_\_\_

In accordance with the new rulings put forth by the Federal Government, Ashland Surgery Center will provide each patient with written and verbal notice of the Patient’s Bill of Rights. In order to receive a verbal version of the Patient Bill of Rights you may call our facility at (541) 482-5518. From the voice menu, dial 4 to listen to the message.

You have the right to make informed decisions regarding your healthcare in the form of a Living Will/Advanced Directive. If you would like more information about Living Wills/Advanced Directives we can provide that for you at the time of your check in or you may go to the Oregon.gov webpage [http://www.oregon.gov/DCBS/SHIBA/Pages/advanced\\_directives.aspx](http://www.oregon.gov/DCBS/SHIBA/Pages/advanced_directives.aspx)

We will also be asking if you have an Advanced Directive/Living Will, if you bring one with you we will make a copy for your record.

We take our responsibility to safeguard your protected health information very seriously. We also can provide you with a copy of our Notice of Privacy Practices describing Ashland Surgery Center’s typical uses of protected health information and your rights as a patient.

Copies of this registration packet plus additional information can be found at our website [www.ashlandsurgerycenter.com](http://www.ashlandsurgerycenter.com)

Please feel free to call us if you have any questions regarding the Patient Bill of Rights, Notice of Privacy Practices, or Advanced Directives/Living Wills.

Thank-you,

Ashland Surgery Center Front Office Staff

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Thank you for choosing Ashland Surgery Center. Below is some important information regarding our financial policy.

**Co-Pays:** All co-payments are due at the time of service. We accept cash, checks and all major credit cards, including Care Credit.

**Insurance Claims:** Insurance is a contract between you and your insurance company. As a courtesy we will bill your insurance. However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your bill and responsible for collecting benefits directly from your insurance company. In order to properly bill your insurance, please provide us with all primary and secondary insurance at each visit. If your insurance company is not contracted with us, you are responsible to pay any portion of the charges not covered.

**Outstanding Balance Policy:** You are responsible for any co-insurance, deductibles or non-covered services. Once we receive payment from your insurance company, we will send a new statement showing any balance you are responsible for. Payment is due upon receipt of your first statement. If you cannot pay in full, we accept monthly payments in three equal installments, interest free. **If paying your balance within three months poses a financial hardship to you, it is your responsibility to contact us to set up a payment plan. After 90 days, if your balance is not paid off you will be charged an annual finance charge of 18%. We accept minimum payments of 100.00 a month.** Missed payments or failure to set up a payment plan will result in your account being turned over to our collections agency.

**Care Credit:** Works just like a credit card, but is exclusive for healthcare services. With low monthly payments, you can use your card over and over for follow-up appointments or different procedures. No Interest financing is offered if your balance is paid within 6 months (additional plans may be available). Enjoy low minimum monthly payments and pay no up-front costs, pre-payment penalties or annual fee. For more information or to apply visit: [CareCredit.com](http://CareCredit.com) or call them at (800) 677-0718.

**Self-pay:** If you do not have insurance, or choose not to use your benefits, we require 100% payment of the estimated charges on the day of the procedure unless specified otherwise. All payment arrangements must be made with our billing department prior to your procedure.

Please call 541-482-5518, option 2 if you need to talk to our billing department.

Thank you,

Ashland Surgery Center