

## ANESTHESIA SERVICES OFFERED AT PALM ENDOSCOPY CENTER

Palm Endoscopy Center is now offering state of the art advanced anesthesia services to its patients. Propofol is an IV drug administered by a Certified Registered Nurse Anesthetist (CRNA), who is highly trained and specialized to administer your sedation. Propofol has distinct advantages over other medications in that it generally produces a much deeper level of sedation, ensuring that you will be asleep and comfortable during the procedure, yet allowing you to wake up and recover much faster after the procedure is completed.

The CRNA will carefully deliver medications while monitoring your vital signs (pulse, blood pressure, respiratory rate, EKG rhythm strip, and pulse oximetry) during your procedure. Based upon your medical history and condition, your physician, nurse practitioner, or physician assistant will recommend that you have either Propofol administered by a CRNA or alternative forms of IV conscious sedation.

**Please note that charges for anesthesia services (CRNA) are separate from and in addition to routine charges for endoscopic services rendered by your physician, the surgery center, and pathology charges (biopsies, if taken). These charges are generally covered by your health insurance policy.**

**IT IS IMPORTANT THAT YOU CONTACT AMSURG/ALTAMONTE SPRINGS ANESTHESIA, LLC (855)-743-7144 TO DETERMINE YOUR INSURANCE**

Altamonte Springs Anesthesia, LLC will provide anesthesia services for your procedure. Anesthesia is billed separately from the physician and the facility. Anesthesia is billed based on the time the anesthesia provider monitors your care. The average anesthesia charge ranges from \$1464-\$1952. This is not the amount you would pay. Your procedure will be filed with your insurance. Your patient responsibility is determined after insurance processes your claim. Your insurance will process the claim according to your plan benefits. Insurance will send you an explanation of how the claim was processed. This is not a bill. If there is deductible, co-insurance, or co-pay, you will receive a bill from the billing office. If you have any questions regarding processing of the claim, the amount you may owe or to make payment arrangements, please call 855-743-7144.

\*If at any time you feel the claim or determination were not correct, please call our office and we will be happy to assist you.

**HIGH DEDUCTIBLE HEALTH PLAN:** If you have a high deductible health plan and have not met your deductible, please discuss your options with the billing office.

- Option 1 We will bill your insurance company. Once they process the claim and let us know what they allowed, we will apply the discount and send you a bill for the allowed amount minus any payment received. Please note, if you have not met your deductible this bill may be for the full allowed amount.
- Option 2 You can choose to be considered self-pay and pay a flat amount for anesthesia services. The flat rate for self pay is \$500.00. This means you pay the self-pay amount on the date of service and no claim will be sent to insurance. Please note, this means you will not get credit toward satisfying your deductible.

**OUT OF NETWORK:** If your anesthesia provider is out of network we will bill your insurance company and wait for claim to process. Once the claim is processed, you will receive an Explanation of Benefits (EOB) from the payer. Please understand this EOB is not a bill. Once we receive the explanation from the insurance company, we will work with them to:

- Have the payor reprocess the claim as in-network allowing your full benefits. If this is not possible, then we will determine the in-network responsibility (the amount you would have owed if you were in-network) and you will receive a bill for that amount only.

If at any time you feel the claim or determination were not correct, please call our office and we will be happy to assist you at 855-743-7144

\_\_\_\_\_ **(Initial Here)** I agree to receive anesthesia services as recommended by my Physician/Nurse Practitioner or Physician Assistant by CRNA administered IV Propofol. I acknowledge that my insurance will be billed and I will be responsible for payment of any deductible and co-insurance.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date