

ST. MARK'S SURGICAL CENTER, LLC

Policy & Procedure

Policy No.	14.07.1
Effective Date	6-14-17
Revision Date	
Approved By	Robert Martilla, RN and the Board of Directors of St. Mark' Surgical Center, LLC
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SUBJECT: House Bill 1175 Disclosures

Philosophy

St. Mark's Surgical Center, LLC strives to keep itself compliant with the Agency for Health Care Administration in order to provide the best possible care to its patients.

Policy

The disclosures stated in this policy are intended to keep St. Mark's Surgical Center, LLC compliant with the Agency for Health Care Administration.

1. For patient understanding, St. Mark's Surgical Center, LLC discloses that "Services may be provided in this health care facility by the facility as well as by other health care providers who may separately bill the patient and who may or may not participate with the same health insurers or health maintenance organizations as the facility."

2. All "patients and prospective patients may request from this facility and other health care providers a more personalized estimate of charges and other information. Patients and prospective patients should contract each health care practitioner who will provide services in the ASC to determine the health insurers and health maintenance organizations with which the health care practitioner participates as a network provider or preferred provider." The following is a list of all providers who have privileges at St. Mark's Surgical Center, LLC and from whom you may receive a bill:

St. Mark's Surgical Center, LLC,  
6820 International Center Blvd.  
Fort Myers, Florida 33912  
Telephone: 239-210-0301  
Fax: 239-210-0311  
Administrator: Robert D. Martilla  
Business Office Manager: Shezell Nixon  
Billing and Collections: Beth Lilly

Anesthesia is administered by:

Anesthesia Associated of Southwest Florida, M.D.,P.A.  
ST. MARK'S SURGICAL CENTER, LLC

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12511 World Plaza Lane  
Building 50  
Fort Myers, Florida 33907  
Telephone: 239-939-2622  
Fax: 239-939-0151

Surgeon's who have privileges to practice at St. Mark's Surgical Center, LLC are:

Rachid Aouchiche, MD  
West Coast Eye Care  
15640 New Hampshire Court  
Fort Myers, Florida 33908  
Telephone: 239-466-3111

Michael J. Collins, Jr., MD  
Stephen Jones, DO  
Collins Vision  
6900 International Center Blvd.  
Fort Myers, Florida 33912  
Telephone: 239-936-4706

Alexander Eaton, MD  
Hussein Wafapoor, MD  
Retina Health Center  
1567 Hayley Lane, Suite 101  
Fort Myers, Florida 33907  
Telephone: 239-337-3337

Parna Shenoy, MD  
Caloosa Eye Center  
1560 Matthew Drive, Suite G  
Fort Myers, Florida 33907  
Telephone: 239-278-4733

F. Rick Palmon, MD  
Nina Nordgren, MD  
Southwest Florida Eye Care

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6850 International Center Blvd.  
Fort Myers, Florida 33912  
Telephone 230-768-0006

Stephen Laquis MD  
7331 College Parkway  
Fort Myers, Florida 33907  
Telephone: 239-947-4042

Alexandra Konowal, DO  
Konowal Vision Center  
9500 Corkscrew Palm Circle, Suite 3  
Estero, Florida 33928  
Telephone: 239-948-7555

Patrick Flaharty, MD  
Azul Cosmetic Surgery and Medical Spa  
13470 Parker Commons Blvd, Suite 101  
Fort Myers, Florida 33912  
Telephone: 239-415-7576

Vinod Bhavnani, MD  
Glaucoma & Cataract Eye Institute  
6810 Porto Fino Circle  
Fort Myers, Florida 33912  
Telephone: 239-437-8118

Jeffrey Zimm, MD  
All Saints Eye Center  
1435 Immokalee Road  
Naples, Florida 34110  
Telephone: 239-768-7022

Nadia Kazim, MD  
Ophthalmic Plastic Surgeon  
3501 Health Center Blvd., Suite 2170  
Bonita Springs, Florida 34135  
Telephone: 239-494-4900

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3. Link to Health-related Data on website.

- St. Mark's has on its website the link [www.Floridahealthfinder.gov](http://www.Floridahealthfinder.gov) and well as the website posted on the lobby of the ASC.

4. Personalized Estimate Prior to Admission.

- Upon request, verbal or written, by the patient and before the provision of non-emergency care St. Mark's Surgical Center, LLC will provide
  - A good faith estimate of reasonably anticipated charges for the treatment of the patient's specific condition This estimate will be provide with 7 business days of the request. Charges for St. Mark's Surgical Center, LLC are bundled therefore it will continue to use CPT codes lines to estimate.
  - St. Mark's Surgical Center, LLC will inform the patient that they should contact their insurer concerning cost sharing responsibilities.
  - Information on credit and collections is listed on this website.
  - The estimate clearly identifies all facility fees and information that "You may pay less for this procedure or service at another facility or in another health care setting."
  - St. Mark's Surgical Center, LLC will notify the patient that "Services may be provided in this health care facility of the facility as well as by other health care provider that may separately bill you."
  - The Board of Directors for St. Mark's Surgical Center, LLC has instructed the Administrator to post signage in the lobby to educate patients about its website and the availability for estimates to be given upon request.

5. Itemized Bill Upon Discharge.

- Upon request and after discharge St. Mark's will to the following:
  - St. Mark's will provide an initial bill or statement in plain language with specific charges and expenses.
  - The bill/statement must be provided within 7 days of discharge or after a request for such bill/statement whichever is later.
  - The initial bill shall contain a statement of services provided by date and provider as prescribed by AHCA.
  - The statement must also clearly identify the facility fee, identify items as paid, pending payment of the patient and due dates.
  - The statement will also inform the patient that "You should contact your insurer or health maintenance organization regarding your cost-sharing responsibilities" and that "Services may be provided in this health care facility by the facility as well as by other health care providers that may separately bill you."
  - St. Mark's will make available patient records necessary for verifidcation of the

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accuracy of the patient's statement within 10 days of the time the information was requested. Patients do not have to pay their bill until the requested information is provided. St. Mark's does not charge its patients for copies of their records.

- When a request is received the business office will provide a response within 7 business days after the date a question is received.
- If the patient is not satisfied with the response, St. Mark's will provide the patient with the contact information of the agency to which the issue may be sent for review.



## EXHIBIT I

### FINANCIAL POLICY

ST. MARK'S SURGICAL CENTER policy requires cash, credit card or insurance assignment from all patients.

As a service to our patients, we will complete and submit all insurance forms for patients with prior authorization. We do not however, accept responsibility for collecting insurance benefits, or becoming involved with disputed claims.

ST. MARK'S SURGICAL CENTER reserves the right to extend credit for certain pre-arranged individual cases. Extending credit is based upon satisfactory arrangement made with patient not less than one week prior to admission. These arrangements may include a completion of a credit agreement, which will establish an installment payment schedule. This is a patient service only and is provided without interest or finance charge.

Each patient should be prepared at the time of admission for surgery with necessary insurance information and a plan to fulfill any personal financial obligations.

Patients wishing to make credit arrangements or have questions should contact:



EXHIBIT II

CREDIT AGREEMENT

I understand that as a patient at ST. MARK'S SURGICAL CENTER, I am responsible for the payment of all appropriate charges. I further understand that my insurance may not provide for full payment of these charges. I hereby agree to make full payment of ANY AMOUNT NOT PAID BY MY INSURANCE AS FOLLOWS:

Check One

\_\_\_\_\_ Payment of total balance due upon receipt of statement.

\_\_\_\_\_ Payment to be made monthly until account is settled in full.

Monthly payment of \$\_\_\_\_\_.

I have read this agreement and agree to make payments as indicated above.

\_\_\_\_\_ Date

Patient Name

Signature of Patient or Responsible Party

\_\_\_\_\_ Name of Responsible Party (Please Print)

Agreement accepted for \_\_\_\_\_ Center by:





EXHIBIT IV

THESE MESSAGES ARE PRINTED DIRECTLY ON THE COMPUTER GENERATED STATEMENTS:

- Message #1 - Your insurance company has made payment as indicated on this statement. We will appreciate your prompt payment of the balance due.
- Message #2 - To date, your Insurance Company has not honored this claim. Please contact your Insurance Company immediately to expedite payment or remit full payment to us at this time.
- Message #3 - Just a reminder -- your bill is past due, please remit payment today.
- Message #4 - If you are unable to pay the full balance due, we will accept regular partial payments. Please call us today to make arrangements.
- Message #5 - Did you forget? You agreed to make timely installments payments. Your installment is now past due. Please send your payment today!
- Message #6 - Immediate attention to your long overdue account is necessary or we will be forced to take legal action to collect your account.

