

PAYMENT RESPONSIBILITY NOTICE

The Surgical Clinic Associates, P.A. and its physicians have contractual relationships with private and governmental entities listed below:

AETNA
BLUE CROSS BLUE SHIELDS OF MISSISSIPPI
MEDICARE
MISSISSIPPI HEALTH PARTNERS
MISSISSIPPI HEALTH CONNECTION
STATE OF MISSISSIPPI EMPLOYEES
MISSISSIPPI PHYSICIANS CARE NETWORK
STATE OF MISSISSIPPI
UNITED HEALTH CARE

We have agreed to charge you based on these entities' fee schedules, or allowed amounts. However, this does not mean that you have no payment responsibility. You are personally responsible for paying the following items:

- 1. ANNUAL OR OTHER DEDUCTIBLES**
- 2. CO-INSURANCE AMOUNTS**
- 3. CO-PAYMENT AMOUNTS**
- 4. NON-COVERED AMOUNTS.** *(For Medicare, you are not responsible for these charges unless we get you to sign an advance notice. For other entities, we will get you to sign an advance notice only if it is required.)*

Please refer to your entities' coverage booklet and/or web site for further information.

We have agreed to file our charges with your health insurance entity for you; but, 60 days after the date of service you may be held responsible for paying if your insurance has not paid. By signing below, I confirm that I have read, understand and agree with this payment responsibility notice.

Patient Signature: _____

Date: _____