JUPITER
OUTPATIENT
SURGERY
CENTER
LLC

INFORMATION REGARDING YOUR CHARGES

Thank you for choosing Jupiter Outpatient Surgery Center for your procedure. We are pleased to have you as our patient.

The care provided to you at our facility involves a team of health care providers who each provide a key component of your care. Each of these providers will directly bill your insurance for the services they provide. You will receive explanations of payment from your insurance carrier relative to these charges and we want to provide you with information relative to these charges so you will know what to expect.

You or your insurance will be billed for the following services:

1. Professional services rendered by the physician performing your procedure.
2. A fee will be charged by Jupiter Outpatient Surgery Center for use of the facility. This is a charge for services that includes pre-operative and recovery care, use of the procedure room, medications and supplies utilized in your care.
3. Bethesda Anesthesia/Sheridan Healthcorp (800-296-2611, opt. 1) will bill anesthesia charges. This includes the professional services rendered by the anesthesiologist and certified registered nurse anesthetist. Some payors such as Medicare require that these services are billed separately.
4. Palm Beach Fluoroscopy (diagnostic x-ray)

If implants or extraordinary supplies are used, you can expect charges from:

BCBS patients: Implantable Provider Group (IPG) 866-295-1260

All other insurances will be billed directly by Jupiter Outpatient Surgery.

If a biopsy is taken you can expect the following charges:

1. Palm Beach Pathology (800-582-3657) or Digestive Care (954-344-2522) will bill for the professional services of the pathologist who examines and provides an interpretation of the specimen.
2. Jupiter Medical Center (561-744-4440) or Digestive Care will bill your insurance for technical preparation of the specimen(s) so the pathologist may examine it.

We hope you find this information helpful. Please let a member of our staff know if you have additional questions

_____ _____

Patient or personal representative Signature **Date**

2055 North Military Trail, Suite 100 ● Jupiter, Florida 33458
Phone (561) 741-1705 ● Fax (561) 741-1397