
Eric Griffith's Assisting Services, LLC

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Phone 720.382.0585
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Advanced Billing Notice

Dear Patient or Guarantor,

The physicians at the Steadman-Hawkins Clinic – Denver require a surgical assistant to safely perform your surgery. Surgical Assistants are professional members of the health care team. Surgical Assistants are qualified by academic and clinical education to aid your surgeon during surgery. The Surgical Assistant aides the physician in performing complicated procedures, therefore, lessening the amount of time that you are in the operating room under anesthesia. For more information about me and what I do please visit www.hipandkneedenver.com.

Health insurance benefits are often not determined until the claim is submitted and therefore all patients will be required to sign this agreement even if a Surgical Assistant has been pre-authorized by your insurance company.

Please note that an out-of-network Surgical Assistant will be used and therefore the cost would not be covered by insurance, or if covered, it would be at a lesser rate.

Every effort will be made to collect payment from your insurance company for these services. If I am unable to collect payment, I may request your assistance. Unfortunately, some insurance carriers will not pay the claim, or partially pay the claim for the Surgical Assistant; in which case, the patient or subscriber is financially responsible. If this situation occurs, an adjustment will be made to the claim to lessen the cost to the patient.

The cost for an out-of-network Surgical Assistant may be higher than you're in-network benefits. Billed charges to your insurance will be based on time and complexity of the surgery. Patient responsibility will vary based on the case but NOT to exceed \$350.

The Surgical Assistant is not affiliated with the surgeon, nor the facility and the fees are separate. If you have any questions regarding the amount owed after receiving an explanation of benefits (EOB), please contact the surgical assistant at 720-382-0585 or ericassist18@gmail.com for assistance.

By signing below, you have read and understand the above information, and agree to accept full responsibility for fees not paid by your insurance company.

Patient Name

Guarantor Name

Guarantor Signature

Date and Time @