



AMBULATORY SURGERY CENTER

318 Tribble Gap Rd. Cumming, GA 30040 (770) 889-0891

Michael J. Kalson, MD • Jesse E. Seidman, MD • Michael G. Raab, MD

IMPORTANT FINANCIAL INFORMATION REGARDING YOUR SURGERY

- ANESTHESIOLOGIST FEES: This fee represents the Anesthesiologist who will administer the anesthesia during your surgery. The bill for this service will be provided by AMBULATORY ANESTHESIA CONSULTANTS, P.C. If you have questions regarding their fee, please telephone (770) 884-7617.
- ANESTHESIA EQUIPMENT FEES: This fee represents the anesthesia equipment which will be used during your surgery. The equipment is the property of ACADEMY ORTHOPEDICS AMUBLATORY SURGERY CENTER. The bill for this service will be provided by our office. If you have questions regarding this fee, please contact our Billing Department (770) 889-0891 ext. 307.
- FACILITY FEES: This fee represents the surgery center, itself covering the operating room time, recovery room time, supplies, staff, etc. The bill for this service will be provided by our office. If you have any questions regarding this fee, please contact our Billing Department (770) 889-0891 ext. 307.
- EKG, LAB, X-RAY FEES: You may require preoperative laboratory work (i.e. EKG, EKG interpretation, x-rays, etc.), if so, we will perform such test in our office, when at all possible. ACACEMY ORTHOPEDICS,LLC will then bill for these additional services. If your insurance carrier requires this additional service to be performed by another facility, you will be billed by that provider for service. If you have questions regarding these fees, please contact your insurance company.
- SURGEONS FEES: This fee represents the Physician who will perform the surgery. The bill for this service will be provided by our office. If you have questions regarding this fee, please contact our Billing Department (770) 889-0891 ext. 307.
- SURGEONS ASSISTANT FEES: Your surgery may require a surgical assistant, if so this service is a separate fee. The bill for this service will be provided by our office. If you have questions regarding this fee, please contact our Billing Department (770) 889-0891 ext. 307.

We accept Checks, Cash, Debit and MasterCard or Visa as payment for our services.

Lastly, as a service for our patients, we will perform the necessary pre-authorization and/ or pre-certification required by your insurance carrier. We will do everything necessary to file your claim with your insurance company. Unfortunately, this does not guarantee payment by your insurance company. Therefore, you are ultimately responsible for the balance of your account.

Patient Name: _____ Date: _____
Patient Signature: _____ Account #: _____



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Your surgery today will include anesthesia. The anesthesia will be provided by an independent anesthesiology group, AMBULATORY ANESTHESIA CONSULTANTS, P.C.

AMBULATORY ANESTHESIA CONSULTANTS, P.C. is not employed by ACADEMY ORTHOPEDICS, LLC
or ACADEMY ORTHOPEDICS AMBULATORY SURGERY CENTER.

The services provided by AMBULATORY ANESTHESIA CONSULTANTS, P.C. will be billed separately by the group.

If you have questions regarding the anesthesiology bill, please feel free to telephone the billing department of AMBULATORY ANESTHESIA CONSULTANTS, P.C. (770) 884-7617.

I have read and understand fully the above information. I understand it is my responsibility to contact AMBULATORY ANESTHESIA CONSULTANTS, P.C. with regard to billing questions.

Patient Name: _____ Date: _____

Patient Signature: _____ Account #: _____