

NORTHEAST BAPTIST SURGERY CENTER

8715 Village Dr. Suite 200
San Antonio, Texas 78217
210-477-1775

PATIENT RESPONSIBILITY

PRIOR TO HAVING ANY SURGICAL PROCEDURES, IT IS NORTHEAST BAPTIST SURGERY CENTER'S POLICY TO COLLECT ANY DEDUCTIBLE THAT HAS NOT BEEN MET, ALONG WITH ANY CO-PAY OR CO-INSURANCE THAT MAY BE DUE.

NORTHEAST BAPTIST SURGERY CENTER IS NOT RESPONSIBLE FOR COLLECTING ANY FEES, DUE FROM ANESTHESIOLOGY, LABORATORY, PATHOLOGY OR RADIOLOGY.

WE VERIFY YOUR BENEFITS AS A COURTESY SERVICE. PLEASE VERIFY THAT YOUR INSURANCE IS CONSIDERED IN NETWORK FOR OUR FACILITY. ANY OUT OF NETWORK FEE'S WILL BE YOUR RESPONSIBILITY.

If you have any questions, please ask the receptionist to contact the insurance verifier prior to your surgery.

PATIENT/RESPONSIBLE PERSON: _____

DATE: _____

WITNESS: _____