

## OBTAINING AN ESTIMATE

In order to provide patients with the most accurate estimate based on your specific insurance coverage and planned procedure(s), please contact our Business Office at 850.208.6080 to speak with one of our Accounts Specialist or email us at [bmpsc.customerservice@bhcpns.org](mailto:bmpsc.customerservice@bhcpns.org).\*

Prior to your call or email, it is important that you contact your insurance company to ensure the services required are “covered services”. In the event the services are not covered under your plan or you are not insured, please refer to our [Discounts for Uninsured](#).

If you are not presently scheduled at our facility you will need to contact the referring physician’s office to obtain specific diagnosis, planned procedure code(s) and descriptions.

In addition, the Account Specialists will need the following information:

- **Insurance Demographics** which include name of insurance company, type of policy, policy’s holder name, group name and number, policy number and the insurance company phone number.
- **Policyholder’s Personal Information** which includes social security number and date of birth and full name of insured (if not patient)

The estimates provided in “good faith” by our Accounts Specialist are only related to the ASC Facility Fee. Your referring physician providing you with services related to your outpatient admissions at our facility will bill you separately. Other related services that may bill you include fees for anesthesiologist, pathologists, and independent laboratory and radiology services.

**A Provider Directory** is provided for those services that may bill separately during your outpatient admissions and the healthcare providers who currently utilize our facility.

This website contains resources for you to obtain pricing estimates for our most frequently utilized services at our Ambulatory Surgery Center. In addition, we will disclose our policies regarding our collection practices and what is expected of you at the time of pre-admissions to final statement of your health care bill. Information provided to you, the consumer, is designed to assist you in making a financially informed decision about your healthcare needs.

When you have made an informed decision and are ready to proceed with services at our facility, contact your provider to ask for services to be scheduled.

All scheduled patients are **Pre-Registered** within 3-5 days prior to the date of service. All registration information will be obtained over the phone and a final estimate of patient responsibility is given. Patient’s financial obligations may be paid prior to admission or at the time of service. Payment is expected in full unless a mutually agreed financial arrangement has been established.

When you arrive at our facility, you will be required to provide a copy of your identification, finalize mutually agreed financial obligation and sign a few forms before being admitted.

*\* Please be aware that electronic mail and other internet communications channels are not necessarily secure against interception. If your communication is very sensitive, or includes information such as your social security number, diagnosis, or medical history, you might want to send it by postal mail or contact us via telephone.*