

For any anesthesia billing questions, please contact us at 1-888-764-0087.

Dear Northridge Surgical Suites, LLC Patient,

Please read and ask any questions that you may have so the content of this letter is understood at the time of service. Retain the white copy for your records and return the yellow copy to Northridge Surgical Suites, LLC.

Anesthesia is commonly a covered component of your surgery. As a courtesy to you, the bill/claim for your anesthesia services will be filed directly to your primary insurance carrier, then to your secondary insurance carrier after primary payment. If no secondary insurance was provided at the time of service, we will send you a statement for the co-insurance due as determined by your insurance carrier. We have accepted assignment of benefits and your insurance carrier should send the payment directly to our remittance address.

If your insurance carrier sends payment directly to you, please endorse the back of the check and list "Pay to the order of **Apollo Medical Group of Northridge, PLLC** above your signature **OR** write a personal check for the amount received payable to **Apollo Medical Group of Northridge, PLLC**. Please forward payment to the name and address listed above. We also request that you send a copy of the original explanation of benefits received from your insurance company if they send payment directly to you.

Apollo Medical Group of Northridge, PLLC may not be a participating provider with your insurance company. However, we are always able to negotiate with your insurer to allow minimal or no out-of-pocket anesthesia costs to you due to our out-of-network status. In no case will you be held responsible for the out-of-pocket expense reflected on an explanation of benefits received from your insurer if we are not a participating provider with your insurer. Your out-of-pocket responsibility will be less than if you were utilizing a participating anesthesia provider, and you will not be penalized for using a non-participating anesthesia provider.

Please retain a copy of this letter for your records in case you need to contact us while the claim is being processed and until it has been satisfied. You will receive an explanation of benefits from your carrier and until a statement is received by you from **Apollo Medical Group of Northridge, PLLC**, please do not make any payments to us until you are notified in writing. If you have any questions about anesthesia billing upon receipt of an explanation of benefits from your insurance, please contact us at the number above. **It is important to know that the explanation of benefits you receive from your insurance is not a bill.** If you are paid directly by your carrier please contact us immediately.

Assignment of Benefits and Authorization to Appeal: I authorize payment of medical benefits to **Apollo Medical Group of Northridge, PLLC**. It is my understanding that the only charges that I may be responsible for are those charges assigned as "patient responsibility" by my insurance company or other third party payer or when I have no insurance or third party coverage. I agree to immediately remit to **Apollo Medical Group of Northridge, PLLC** any payments that I receive directly for services provided. I hereby authorize release of any medical records or information necessary to process insurance claims, appeal benefit determinations, coverage denials, or other adverse decisions on my behalf.

HIPAA Notice: Please note that **Apollo Medical Group of Northridge, PLLC** and Northridge Surgical Suites, LLC are Business Associates. As a result, **Apollo Medical Group of Northridge, PLLC** may receive, use, obtain, access or create Protected Health Information from or on behalf of Northridge Surgical Suites, LLC in the course of providing anesthesia service. In order to insure your privacy and protection, please carefully read the HIPAA information **Apollo Medical Group of Northridge, PLLC** and Northridge Surgical Suites, LLC have provided.

Patient/Guarantor Signature

Date