

Out-of-Network

Why choose to have my surgical procedure at Prime Surgical Center?

We provide executive level facilities and services with access to state-of-the-art technologies, the highest quality instrumentation and surgical material, flexibility with scheduling, and access to highly trained professionals.

Why should I feel comfortable with our out-of-network status with your facility?

We expect and deliver high quality services to our patients. At the contracted (or "In-Network") rates your health plan has offered, we do not feel that we would be able to provide you with the level of care and service we know you deserve, which is why we have decided to maintain our out-of-network status.

We have determined that your health plan will cover surgical services for out-of-network providers/facilities. In the unlikely event that your health plan denies payment, we may forward the charges for your surgical procedure to your attention. It is important to note that this process is not any different than if you were to utilize an in-network provider or facility.

Our goal is to provide patients with the highest quality care at the lowest possible cost to the patient. Our success is dependent on your complete satisfaction. Unlike the insurance giants, we are a member of the local community and you are not just a number to us.

What if my Health Plan contacts me to challenge my decision to utilize an out-of-network provider/facility?

Unfortunately, some insurance companies make efforts to discourage their patient/members in seeking out-of-network services, despite the fact that you pay higher premiums to access out-of-network health care professionals. They charge you a higher premium and discourage your use of them.

If you still wish to use our facility for service, and we hope that you do, it is your right to do so and you should insist on it.

What are my out-of-pocket costs?









You have annual limits to your co-insurance, deductible, and out-of-pocket costs set by the plan you have selected with your insurance carrier. Prime Surgical Center uses the remaining balance of your out-of-pocket costs to calculate the amount that you will be quoted, and responsible for, in advance of scheduling your procedure. We do our best to limit your financial liability to the price you have been quoted and we do not bill any amount after the surgical procedure has been performed unless we are required to by your insurance carrier or by law. In some cases, your insurance carrier will require us to forward you a copy of the bill. If you are in receipt of any bill post-surgery, please do not hesitate to contact our billing department at 818-937-9969.

What should I do if I receive a financial statement (Explanation of Benefits) from my health plan?

The Explanation of Benefits is NOT A BILL. We do not require you to take any additional action. Your Health plan will provide a financial statement (commonly known as an Explanation of Benefits) to you when they receive and process medical bills on your behalf. If you paid the amount we quoted you on or before the date of your procedure, the explanation of benefits will be purely informational and no further action is needed on your part. However, if you have any questions regarding the information on your explanation of benefits, please feel free to call our billing department at 818-937-9969.

Do you offer prompt payment discounts?

Yes. Prime Surgical Center offers prompt payment discounts to patients who pay for services before the date of service. The prompt payment discount is offered to insured patients only.

	 Your Surgeon	 Your Anesthesiologist	 Your Surgical Center
Patient Responsibility	Provided by your Surgeon's office	Provided by the surgical center	Provided by the surgical center
Bill sent to your insurer	Your Surgeon's office will bill your insurance	Your Anesthesiologist will bill your insurance	Surgical center will bill your insurance
Coordination of Coverage: where your insurer may request that you verify information on file prior to processing payment to your Surgeon, Anesthesiologist, and the Surgical center.	Your Surgeon's office may independently contact you to coordinate	Your Anesthesiologist's office may independently contact you to coordinate	Surgical center may independently contact you to coordinate
Your out-of-pocket costs billed to you prior to scheduling.	 Healthcare Bill		 Healthcare Bill
Explanation of benefits from your insurer (informational, not a bill).	 EOB	 EOB	 EOB