

MAHONING VALLEY SURGERY CENTER NO INSURANCE-FACILITY, PHYSICIAN & ANESTHESIA FEES

Our records indicate that you will be scheduled soon for cataract surgery. You have informed our staff that you do not carry insurance for this type of surgery.

The day of the surgery testing you are responsible to pay \$125.00 for the scan that is done on both eyes. Also, you will be responsible for Five Hundred Fifty dollars (\$550.00) for the physician fee. This amount should be paid in two payments of Two Hundred Seventy-Five dollars (\$275.00) each. The first payment should be received in our office one week before your scheduled surgery date. The second payment is due **on the day of your surgery. Please make this check payable to "Houser Newman Associates."**

You will also be responsible for the facility fee in the amount of One thousand dollars (\$1,000.00). This amount should be paid in two payments of Five hundred dollars. (\$500.00) each. The first payment should be received in our office one week before your scheduled surgery date. The second payment is due **on the day of your surgery. Please make this check payable to "Mahoning Valley Ambulatory Surgery Center."**

Please be advised that you will also be responsible for anesthesia fees from Anthracite Anesthesia, for patient care monitoring and anesthesia monitoring on the day of your surgery. Even if you opt to receive no medication, they are required to be in the operating room during your surgery to monitor you. The anesthesia fees are \$350.00 and **due the day of surgery. In the event this procedure takes longer than anticipated, additional charges may be applied.** If you have any questions related to Anesthesia fees, please contact Anthracite Anesthesia directly at 1-888-278-4126 Mon-Fri 8:30-4:00 CST. You may pay by check (preferred) or cash on the day of your surgery. **Please make this check payable to "Anthracite Anesthesia".** If you want to pre-pay (prior to the day of your surgery) via credit card, call 1-888-278-4126 Mon-Fri 8:30-4:00 CST and tell the billing department that you are paying the "\$350 Anthracite Anesthesia fee for Mahoning Valley Ambulatory Surgery Center location".

I have read and understand I am responsible for the above fees for my cataract surgery.

X _____
Print Name

Date

X _____
Patient Signature

Date of Birth

X _____
Employee Witness Signature

Main Office
37 Medical Crossing Road
Tamaqua, PA 18252
P: (570) 386-5926
F: (570) 386-2959

Nesquehoning Office
40 East Locust Street
Nesquehoning, PA 18240
P: (570) 386-5926
F: (570) 386-2959

Palmerton Office
217 Franklin Avenue, Suite 105
Palmerton, PA 18071
P: (570) 386-5926
F: (570) 386-2959