

Procedure Scheduling



Your Physician has ordered a procedure for you. One of our scheduling team members will be calling you to schedule your procedure. Please understand that your insurance may require prior authorization. The authorization process can take up to 2 weeks depending on your insurance.

Please read these instructions carefully as they are important and failure to comply may result in the cancellation of your procedure.

Payment will be required no later than 2 business days prior to your procedure. If payment or payment arrangements are not received by this time, your procedure will be cancelled. You will be contacted by our office with an estimate if any payment is owed for the **Physician Fee**. You will also be contacted by the facility prior to your procedure date to discuss any **Facility Fee**, which is separate from the **Physician Fee**. Procedures are performed at the following 3 locations depending on insurance and availability. ***Not all Doctors have privileges at Methodist McKinney Hospital.***

Ambulatory Surgical Institute of Dallas
17051 Dallas Parkway, Suite 100
Addison, TX 75001
972-234-4740

Baylor Surgicare of North Garland
7150 North George Bush Hwy
Garland, TX 75044
214-703-1800

Methodist McKinney Hospital
8000 West Eldorado Parkway
McKinney, TX 75070
972-569-2700

Please take into consideration that if you take blood thinners we will require clearance from the providing doctor. Do not stop the medication until the procedure is scheduled. You will need to stop taking blood thinning medications 5-7 days prior to your procedure. A list of blood thinning medications should have been provided to you during your office visit.

- You will need to ARRIVE 60-90 minutes prior to your scheduled procedure time.
- If your procedure is performed with sedation, you **MUST HAVE A Driver** that will stay with you during the procedure. Therefore you must make transportation arrangements prior to your procedure date. If you will be using Uber or any alternate transportation you will still need to have a person with you to accompany you home.
- **DO NOT EAT OR DRINK** anything for at least **EIGHT HOURS** prior to your scheduled procedure time. **THIS INCLUDES GUM, MINTS, OR CANDY.**

If you have any questions please feel free to contact our office at
972-596-1059, Option 5.

Surgery

- Your insurance benefits are reviewed prior to scheduling your procedure.
- If any payment is owed upfront for the physician's fee, you will receive a call with an estimate of your financial responsibility. This estimate is obtained by calculating the coinsurance and unmet deductible amounts. You can either pay that amount when called or call back 2 business days prior to your procedure. Failure to pay or set up payment arrangements will result in automatic cancellation of your procedure.
- Tarpon does NOT bill for the facility/or anesthesia services. These services are provided separately by those providers. They will be contacting you separately.
- We will contact your insurance and obtain any authorizations required for your procedures. The authorization will not be started until you are scheduled due to most insurance requiring the date of service for the authorization. Please note we provide this service to you at no charge, however, if you reschedule or cancel, which results in our office needing to restart the authorization process, there will be a \$25.00 fee passed on to you.

Commonly asked questions

What is a deductible? A deductible is a set amount for which a patient is responsible in the course of a year according to his/her contract with the insurance company. For example, if a patient has a \$500 deductible he/she must pay \$500 out of pocket on services for which the deductible applies before the insurance will make a payment. Once the year is complete, the deductible must be met over again. This amount is determined by your insurance plan.

What is coinsurance? For many patients, once their deductible is met a coinsurance will apply. Coinsurance is a percentage of each charge for which a patient is responsible. This amount is determined by the patient's insurance policy and is non-negotiable. If a patient has 20% coinsurance for example, he/she is responsible for 20% of each specific negotiated rate by charge code. Therefore, if the practice has a negotiated rate of \$1000 for a surgical charge code and the patient's deductible is met, the patient would be responsible for \$200. Some plans do not have a coinsurance amount. Call customer service on the back of your insurance card for your benefits.

What is a negotiated rate? If Tarpon is participating with your insurance plan then Tarpon and your insurance company have agreed to a negotiated rate for the covered services Tarpon provides to you. The negotiated rate can be less than the amount that Tarpon charges for the services. By obtaining your procedure through a physician that participates in your insurance plan the negotiated rate is made available to you. For example, Tarpon may charge \$1250 for a service but has agreed to accept \$1000 as payment from patients covered under your insurance plan. The \$1000 negotiated rate (or allowable amount), will then be applied to your deductible and/or co-insurance, if applicable.