

# Gulf Coast SURGICAL CENTER, LLC

402 Dunn Street • Houma, LA 70360 • (985) 872-1661 • Fax (985) 868-6938

## Louisiana Balance Billing Disclosure

In compliance with La. R.S. 22: 1880 the following is hereby disclosed to you:

Based on the Healthcare Insurance information you have provided, Gulf Coast Surgical Center, LLC:

\_\_\_\_\_ GCSC is a participating Provider contracted with your health insurance issuer as of the date your procedure is to be rendered.

\_\_\_\_\_ GCSC is not a participating Provider contracted with your health insurance issuer as of the date your procedure is to be rendered.

### NOTICE

Professional services rendered by independent healthcare professionals are not part of the hospital bill. These services will be billed to the patient separately. Please understand that physicians or other healthcare professionals may be called upon to provide care or services to you or on your behalf, but you may not actually see, or be examined by, all physicians or healthcare professionals participating in your care; for example, you may not see physicians providing radiology, pathology, and EKG interpretation. In many instances, there will be a separate charge for professional services rendered by physicians to you or on your behalf, and you will receive a bill for these professional services that is separate from the bill for hospital services. These independent healthcare professionals may not participate in your health plan and you may be responsible for payment of all or part of the fees for the services provided by these physicians who have provided out-of-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and non-covered services.

We encourage you to contact your health plan to determine whether the independent healthcare professionals are participating with your health plan. In order to obtain the most accurate and up-to-date information about in-network and out-of-network independent healthcare professionals, please contact the customer service number of your health plan or visit its website. Your health plan is the primary source of information on its provider network and benefits. To help you determine whether the independent healthcare professionals who provide services at this facility are participating with your health plan, this healthcare facility has provided you with a complete list of the names and contact information for each individual or group.

Patient / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Patient/Guardian Name\_\_\_\_\_