



Patients may access the State of Florida's Agency for Healthcare Administration website at this link for information about this facility: <https://www.floridahealthfinder.gov>

Information on payments made to the facility for defined bundles of services and procedures is available at <https://pricing.floridahealthfinder.gov/>. The service bundle information is a non-personalized estimate of costs that may be incurred by the patient for anticipated services, and that actual costs will be based on services actually provided to the patient must be provided.

Your Right to an Estimate: All patients have the right to a personalized price estimate to be given by the center. This estimate is available upon request and may be reviewed directly with the center at the time of pre-registration or with a member of the business office. Please feel free to contact the healthcare practitioners you anticipate will be providing your healthcare service or our administrator while in our surgery center regarding your personalized estimate.

The center's financial program allows for flexibility while still complying with insurance requirements, federal, and state regulations. To request a price estimate please contact the Millennium Surgery Center at Riverwalk's business office at 877-856-3774, Ext. 100183. Physicians, anesthesia, and other service providers (such as pathologists or laboratories) bill for their services separately from the Millennium Surgery Center at Riverwalk and may offer their own financial assistance programs.

Payment Plans

Each patient is expected to pay their estimated financial liability on the day of service. In the event a patient is unable to pay the estimated liability in full, the surgery center may offer a short-term repayment plan, after a minimum down payment is made.

Uninsured Discounts

Patients who are not eligible to receive services paid for by insurance or other third-party payment sources may be eligible to receive an uninsured discount from our facility. The discount is a set reduction percentage from our standard charges and is subject to change. If a patient's services are subsequently found to be covered by insurance or other third party payment source, the uninsured discount may be disallowed.

Financial Hardship

The center maintains a Financial Hardship policy (CBO 011) which provides financial relief to patients who receive medically necessary care and who do not qualify for state or Federal assistance and are unable to pay the estimated or remaining financial responsibility in part or in full. A patient must meet the policy's household income qualifications which are based on Federal Poverty Level Guidelines (revised annually). Submission of supporting documentation is required to validate a patient's qualifying status.

Collection Procedure

As a courtesy to our patients, we will file an insurance claim on behalf of the patient to his/her insurance plan. A patient is expected to respond to his/her insurance plan's request for information timely, as needed, to minimize processing delays with the claim.

Patients are expected to pay their financial obligations in a timely manner including the estimated portion by the day services are received, and any remaining portion upon finalization of the claim by the payer. Unpaid claims by the payer may result in the account's outstanding balance being fully transferred to the patient for collection.

If needed, the center will attempt to reach a patient by any method available to us to secure payment on the outstanding balance utilizing internal and external resources. If the account becomes delinquent, it may be placed with an attorney or agency for collection in which their fees and expenses may be the obligation of the patient.