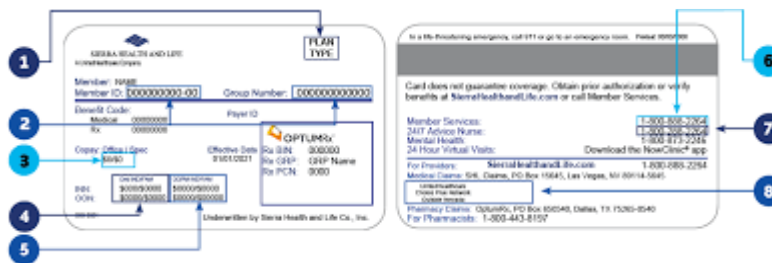


No Surprises Billing Act Notification

1. The Surgical Suites attempts to participate with every Health Insurance company that will allow our facility to be, “In-Network”. This ensures that our medical bills are subject to the contract’s terms and conditions that are currently in place.
2. If we are “Out-of-Network” or you are “Self-Pay” we will gladly work with your Health Insurance company and/or you to provide services at a reasonable charge.
3. To determine our participation in your Health Insurance plan, please call the 800 number on your insurance card and ask the Customer Service Representative all of your questions.



4. The Customer Service Representative of your insurance plan may also need these numbers:
 - a. The Surgical Suites Tax I.D. or EIN: 99-0336684
 - b. The Surgical Suites NPI: 1336142884
 - c. The Surgical Suites CMS No.: 12C0001004
5. Bills and Charges “generally” associated with outpatient Surgery:

HEALTH PROVIDER	SERVICES	CHARGES
The Surgical Suites	<ul style="list-style-type: none"> • Operating Room • Surgical Equipment • Supplies • Medications • Hawaii G.E.T. 	Each medical service has a CPT® code. Each CPT code has a charge that will be submitted to insurance. Final patient responsibility will be determined by the Explanation of Benefits
Surgeon (<i>doctor</i>)	<ul style="list-style-type: none"> • Professional Services 	Check with your doctor
Anesthesiologist	<ul style="list-style-type: none"> • Professional Services 	Check with your doctor
Pathology	<ul style="list-style-type: none"> • Pathology Equipment • Professional Interpretation of Tissue 	Check with your doctor
Laboratory	<ul style="list-style-type: none"> • Laboratory Equipment • Professional Interpretation of Sample 	Check with your doctor

6. The Surgical Suites is happy to help provide you with a “**Good Faith Estimate.**” Please ask our office for a printed copy by calling 808-531-0127. Please remember, it is only an **ESTIMATE**. Due to the nature of surgery, it may be necessary to modify the estimate to reflect all that was actually provided during surgery. **Changes to the estimate may affect your final patient responsibility amount.**

No Surprises Billing Act Notification

Please consider this your notification of these regulations. You retain the right to consent to our services or seek medical care elsewhere.

You may seek additional information about various providers in the Provider Directory of your Health Insurance company.

Additional helpful resources are available online at Medicare:

<https://www.cms.gov/nosurprises>

