

Waterside Ambulatory Surgical Center

Good Faith Estimate

<DATE>

Patient Name : _____

Date of Birth: _____

Address: _____

Telephone Number: _____

You recently requested pricing information from Waterside Ambulatory Surgical Center. Estimate does not preclude the actual charges from exceeding the estimate:

Service	
Estimate Total	

Not included are fees for your physician, laboratory fees, pathology, or other tests which may be ordered by your physician. Those fees are separate.

Thank you for giving us the opportunity to assist in your healthcare needs. If you have any further questions regarding the above estimate please contact the Billing Office at (561)721-8690.

Out of Network: A patient receiving treatment at our surgery center under insurance with which our facility is out of network may be eligible to receive an adjustment to their assigned out of network patient liability, assuming our facility is not prohibited from offering Out of Network adjustments under state/Federal laws or your insurance company’s provisions. If not prohibited, the application of any out of network discount is subject to vary based on a patient’s benefit coverage. Accounts which become delinquent may have the adjustment disallowed.

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