



YOUR WELCOME PACKET

PATIENT: _____

DATE OF SERVICE: _____

Thank you for scheduling your procedure at SurgCenter of Castle Rock, LLC. Your physician designed this facility with you in mind, and recommended treatment here to provide you with the highest level of patient care. We are proud to serve you and are committed to meeting your healthcare needs in a state of the art environment, with a first rate staff and excellence in patient satisfaction.

A member of our staff will call you prior to surgery to discuss pre-operative orders and your insurance coverage. Actual cost of care varies because the services we provide are individualized to best meet your needs. Once the claim has been processed by your insurance carrier, we will send you a bill for any remaining balance, based on the amount allowed by your insurance company. Our pricing is competitive, and the total out of pocket expenses will be approximately the same, or less, than what you would pay at another facility. Payment plans are available to assist in managing your healthcare expense, and we encourage you to share your questions with our staff prior to your procedure so we can make your visit relaxed and hassle-free.

We will submit a claim to your insurance company on your behalf, and it is possible that the insurance payment for your visit will be sent directly to you. We ask that you please endorse the check over to the facility, and mail it, along with your Explanation of Benefits. Compliance with this request will allow us to process the payment to your account quickly and efficiently, and make any necessary adjustments.

If you have any questions or concerns, please do not hesitate to call our office at (720) 519-1418 or you can reach the billing office at (855)246-1740 between the hours of 7:00 am – 4:00 pm Mon-Fri.

We look forward to serving you, and appreciate being your preferred choice for surgical care.