



## IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE BILLS

Dear Patient:

Should you require treatment at our office, St. Joseph Hospital or the MED, you may receive certain bills for the services rendered. This information is provided to clarify the separation of the Benson OB/Gyn Center charges from those of our professional associates. These bills are described as follows:

**ASSISTANTS:** For any surgery, there is a possibility that an Assistant Surgeon/CNOR/RNFA may be required to ensure your safety during the procedure. You will receive a separate bill from the Assistant for their services. If they have all the necessary insurance information from you, your insurance will automatically be filed for you by their office. These charges/services may or may not be covered based upon your insurance coverage.

**BRAZOS ANESTHESIOLOGY ASSOCIATES:** This bill will be for the anesthesiology services to standby or administer the anesthesia during the surgical procedure or help in an emergency care situation. If they have all the necessary information from you, your insurance will automatically be filed for you. 776-4777

**COLLEGE STATION MEDICAL CENTER:** The bill from The Med covers the use of the facility, equipment, supplies, and the nursing/ technician labor necessary for your care. If it is necessary for you to have lab work, you will receive a bill from College Station Medical Center. If you receive a radiological procedure, an EKG, or pathological services, you will receive a bill from College Station Medical Center for those services. 764-5100

**BRYAN MEDICAL LABORATORY:** If it is necessary for you to have lab work drawn outside of our office or have a biopsy done in our office, you will receive a bill from Bryan Medical Laboratory or CPL. If we have all the necessary insurance information from you, your insurance will be automatically filed for you. 776-7302

**BRAZOS RADIOLOGY ASSOCIATES (775-9288), BRYAN RADIOLOGY ASSOCIATES (776-8281):** This bill would be for the interpretation of all x-ray studies, fluoroscopic, and/or special procedures by a Doctor of Medicine who specializes in the field of radiology. You will need to provide your insurance information to this office.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_