

What to expect before and after your procedure at the East Bay Surgery Center

Thank you for entrusting University Orthopedics and the East Bay Surgery Center with your orthopedic needs.

In addition to alleviating your physical pain, we want to help you avoid the pain points that can sometimes accompany medical billing.

Insurance coverage can vary greatly from patient to patient. By providing upfront and transparent information about our billing process, and walking you through each step, we hope to eliminate any confusion about the patient's financial responsibility.

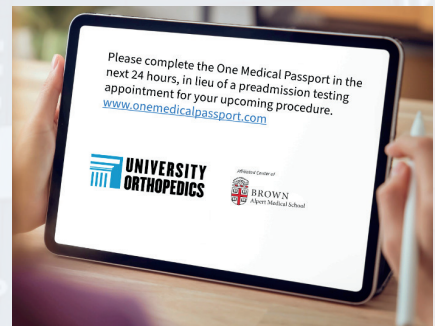


BEFORE YOUR PROCEDURE

Once we schedule your case, you can expect the following email communications from our team:

One Medical Passport:

This online platform allows you to securely complete medical forms and history. Please complete it within 24 hours of receipt.



Estimate of Financial Responsibility:

You will receive an estimate, detailing your financial responsibility for two distinct services: facility and physician (detailed on back).

Your estimated responsibility must be paid in full BEFORE your procedure date.



HAVE BILLING QUESTIONS? CALL **(401) 443-4143**

UOI East Bay Surgery Center
1 Kettle Point Avenue
Suite 200
East Providence, Rhode Island 02914
(401) 457-1500



EXAMPLE Patient Cost Estimate

This is not a bill. Actual cost may change.

Treatment 1: Facility Fees:

- Room charges
- Nursing staff
- Equipment use
- Supplies

To Pay This Estimate

- (401) 443-4143
- Online Portal

Once you receive your estimate, you can pay online by scanning the QR code.



AMOUNT DUE PRIOR TO PROCEDURE

Total Estimated Patient Cost **\$2,007.15**

Treatment 1 Facility #1		PROVIDER	DATE OF SERVICE
SERVICE LOCATION		PHONE	TAX ID
1 Kettle Point Avenue, East Providence Rhode Island 02914		(401) 457-1500	873506992
CODE	DESCRIPTION	QUANTITY	COST
27447	Total Knee Arthroplasty	1	\$13,506.40
Total allowable before insurance			\$13,506.40
Primary Insurance <input checked="" type="checkbox"/> In-network 10% coinsurance, \$350.00 deductible			-\$11,840.76
Patient Total			\$1,665.64

Treatment 2: Physician Fees

- Charges for professional services rendered by your physician.

To Pay This Estimate

- Call our billing department at 401-457-1575 Option 0.

Treatment 2 Physician #2		PROVIDER	DATE OF SERVICE
SERVICE LOCATION		PHONE	TAX ID
1 Kettle Point Avenue, East Providence Rhode Island 02914		(401) 457-1500	050447454
CODE	DESCRIPTION	QUANTITY	COST
27447	Total Knee Arthroplasty	1	\$3,415.10
Total allowable before insurance			\$3,415.10
Primary Insurance <input checked="" type="checkbox"/> In-network 10% coinsurance			-\$3,073.59
Patient Total			\$341.51

AFTER YOUR PROCEDURE

While we make every effort to provide an accurate estimate, we will not know the patient's exact financial responsibility until after the claim is processed by insurance. Depending on your insurance coverage and deductible, you may:

- Be responsible for additional fees for facility, physician, or anesthesiology services.
- Be refunded in the event of overpayment.

It's important to note:

- High-deductible plans are generally subject to higher, out-of-pocket balance.
- Anesthesia services are **NOT** included in this estimate. If there is a balance after the claim is processed, you may receive a separate bill directly from anesthesia provider.

The staff at University Orthopedics is here to answer any questions you may have about your procedure. If you need clarification about our billing procedures and policies or your financial responsibilities, please don't hesitate to reach out to our team.

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