



2880 Atlantic Ave #160
Long Beach, CA 90806
Phone: (562) 988-9566
Fax: (562) 988-7863

Insurance coverage for out-of-network patients

Despite repeated and ongoing efforts, a payment contract does not exist between your insurance company and the Surgery Center of Long Beach. The Surgery Center of Long Beach is considered an “Out-of-network” provider with your insurance company. An out-of-network provider is one which has not contracted with your insurance company for reimbursement at a negotiated rate. This also means that you may receive the payment directly for the charges from the Surgery Center of Long Beach and also requires that you forward the amount received from the payer to our center.

The check you received represents a legal debt owed to Surgery Center of Long Beach and is governed by Federal and State collection regulations. The insurance payment does not reduce or eliminate any patient out-of-pocket deductibles or co-payment amounts as those are separately payable to Surgery Center of Long Beach.

We must receive from you any payment made by your insurance for surgical services you received at the Surgery Center of Long Beach in 10 days upon receipt. Failure to forward the check in a timely manner will constitute a default in payment and will result in the account being sent to collections. Once in collections, a **23% collection fee** will be applied to your account.

If you received the facility’s insurance check following your procedure, please follow these steps to insure correct posting to your account:

1. Call the Regional Billing Office at 1-877-391-5418 to inform us you have received the insurance check. You may make a credit card payment at this time.
2. If you decide to write a check, deposit the check into your personal account
 - a) Write a personal check to the Surgery Center of Long Beach for the same amount that was deposited along with the Explanation of Benefits.
 - b) Mail the check to:
Surgery Center of Long Beach
2880 Atlantic Ave, Suite 160
Long Beach, CA 90806

Any payments made by you will be credited to your account upon receipt.

Any questions or concerns can be directed to the billing department at 1-877-391-5418.

By signing below, you have agreed to follow the instructions given by the center.

Patient’s Signature or Guardian’s Signature

Date