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	Billing Policies and Procedures
Policy #1011	Subject: Florida AHCA Transparency
	Updated: 04/21/26
Approved by: Paulette Gillis-Taylor, Vice President of Revenue Cycle	

### Policy

Patients and prospective patients may request from Azura facilities and providers a more personalized estimate of charges and other information. Managed Care will maintain and make available an in-network insurance carrier list for all Ambulatory Surgical Center (ASC) Facilities. Patients and prospective patients may contact the facility directly for more information on net cost after adjustments, deductions and copayments. The facility can contact the Azura Revenue Cycle department for questions and additional information.

\*Note: ASC patients will be advised that there is a separate bill for the ASC facility charges and a separate bill for the ASC professional charges.

### Procedure

#### Estimates

- The Agency for Health Care Administration (AHCA) provides a website for service bundles: <http://pricing.floridahealthfinder.gov>.
- The service bundle information is a non-personalized estimate of costs that may be incurred by the patient for anticipated services. Actual costs will be based on services provided to the patient.
- Patients may request a personalized estimate for services to be provided by contacting the facility directly via telephone for charge estimates.
- Estimates may vary based on insurance carrier, copayments, deductibles and plan coverage patients should contact their insurance carrier for more personalized estimates.
- Patients should contact their insurance carriers for more personalized estimates, based on these varying factors.

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### **Copayments and Deductibles**

- Patients can contact their insurance carrier for ASC copayment and deductible amounts.  
\*Please note that the facility may collect for deductible for the facility fees in addition to the deductible for the professional fees.

### **Financial Assistance**

- If patients are unable to pay the total amount due in one lump sum, patients are encouraged to enroll in a short-term payment plan.
- Our policy structures a balance between offering the patient a reduced financial liability while still complying with insurance contractual obligations and federal and state law(s).
- For more information on enrolling in a payment plan or financial assistance options, please contact the Azura Revenue Cycle department at 888-545-5430 or refer to Azura Financial Hardship Policy.

### **Billing Practices**

- As health care practitioners may or may not participate with the same health insurers and health maintenance organizations as the facility, patients should be directed to contact each health care practitioner who is anticipated to provide services in the facility regarding an estimate, billing practices and participation with the respective insurance carrier or health maintenance organization.
- Patients whose services are rendered in an ASC setting should expect to receive one bill from the facility for facility fees and one bill from the practitioner for professional fees.
- Patients should be advised that they may pay less for the same procedure or service at another facility or in another health care setting such as an office setting.
- As a courtesy to our patients, Revenue Cycle will file an insurance claim on behalf of the patient to his or her insurance carrier. A patient is expected to respond to his or her insurance carrier's request for information timely, as needed, in order to minimize processing delays with the claim.
- As required in Florida, patients will be provided with a billing statement 7 business days after treatment and discharge or after claim is adjudicated by insurance carrier and payment is posted.
  - i. **IMPORTANT:** Patients will receive two billing statements for the services received
    - a. one for the facility fee, and
    - b. one for their rendering provider.
- Questions regarding the billing statement can be directed to Revenue Cycle at (888) 545-5430.
- When the insurance carrier processes the claim for payment, the billing statement will reflect patient cost-sharing amounts not collected at time of service. Patients should contact their health insurance carrier regarding their cost-sharing responsibilities.