



www.epixanesthesia.com

Dear Patient:

Thank you for allowing Digestive Disease Endoscopy Center to provide the highest level of comprehensive anesthesia services for you. This letter is intended to inform you of our billing practices for the services you will receive or have received. There are multiple billing components, such as the professional services of the surgeon, the professional services of the anesthesia provider(s), the professional services of the pathologist, drugs, supplies and the use of the facility's services and equipment.

As a courtesy, we will bill your primary and/or secondary insurance company for your anesthesia services and make every effort to get our charges paid. If your insurance company, however, deems the anesthesia charge(s) or the services of the anesthesia provider(s) not medically necessary or non-covered according to their policies, you will be billed at our current self-pay rate.

**EPiX** For all in network carriers we will receive payment with an Explanation of Benefits (EOB), which will explain any co-payments or deductibles owed by you in accordance with your insurance carrier. You will be responsible for paying the co-pays and deductibles if required by your insurance carrier.

**EPiX** For all out-of-network claims, we are unable to determine the payment your carrier will make and therefore unable to accurately quote the portion of the payment for which you will be responsible. Epix Anesthesia will make every effort to collect all the payments directly from your insurance company. As soon as the EOB is received, we will be able to make that determination and will invoice you the amount you owe according to the EOB. The payment and EOB for our services may also be sent to you. In this case, please send to us at the address below (a) the EOB and (b)(i) the endorsed insurance check, along with a personal check in the amount for which the EOB states you are responsible or (ii) a personal check in the total amount.

**EPiX** Patients with no insurance coverage will be billed at the current self-pay rate. If you wish to pay for services and not submit a claim to your insurance carrier, please contact our office to discuss possible debt that may be incurred.

**EPiX** If you are deemed indigent please send to the address below a copy of the letter from your State authority stating so and any amounts owed by you under the EOB will be assessed and adjusted if appropriate.

If you have any questions concerning your anesthesia bill for the procedure(s) you are having or have had, please contact our billing office at:

**844-793-1380**

Please mail payments, Explanation of Benefits, correspondence, etc. to:

Digestive Disease Endoscopy Center  
PO Box 74008277  
Chicago, IL 60674-8277