

*Greater Connecticut Anesthesia Associates*

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**Providing Professional Anesthesia Services for patients of *The Endoscopy Center of Fairfield***

**Assignment of Benefits:** In consideration of the services provided to me, I hereby assign and transfer to *Greater Connecticut Anesthesia Associates* all medical provider benefits payable and any related rights existing under the insurance policies described (but not to exceed the amount of Practice charges for this admission or other amounts as may be provided by an agreement between *Greater Connecticut Anesthesia Associates* and my insurance company. I authorize and direct the insurance company to pay all such benefits to *Greater Connecticut Anesthesia Associates*. I understand that this assignment does not relieve me of any responsibility I may have for payment of charges not paid by the insurance company, unless otherwise provided by the terms of an agreement between the insurer and *Greater Connecticut Anesthesia Associates*.

**Authorization to Release Claims Information:** I hereby authorize *Greater Connecticut Anesthesia Associates* it employees, contractors, and agents, to release and disclose all information that has been and that will be received, recorded or compiled by any or all of them concerning my, the patient’s, medical care and treatment to all appropriate persons for the purpose of evaluating claims for payment or reimbursement for charges and expenses under any public Title XVIII of the Social Security Act (Medicare) or any private reimbursement which may have a bearing on benefits payable by or on behalf of any such person. I hereby authorize *Greater Connecticut Anesthesia Associates*, its employees and agents to act on my behalf in completing claims including any appeal process.

**Precertification & Financial Responsibility:** I understand that my insurer may require compliance with utilization review (UR) program to ensure that plan benefits are justified. I understand that it is the insurer's UR program's responsibility to review proposed elective admissions and anticipated courses of treatment. I understand that if the UR program determines that the admission is necessary and appropriate and issues certification, the benefits of my health plan will be made available to me in accordance with the terms of my policy. However, if certification is denied, healthcare benefits may be withheld. I understand that *Greater Connecticut Anesthesia Associates* is willing to provide professional anesthesia services as requested by my attending physician. I also understand that I may be financially responsible for all related charges incurred as a result of this admission should the UR review program refuse to certify that the admission or a specific service was appropriate or should the certification effort occur too late to be valid. I understand that to protect myself from unnecessary personal financial obligations, I must review my obligations with my insurance company, UR program and personal physician without delay and in advance of my admission.

I agree that affiliates may contact me through text messages, emails and automated calls (using an auto dialing system ATSD) to provide me with my bill and to remind me to pay my bill for services provided in compliance with federal and state laws. I may revoke my consent at any time by contacting the numbers provided below.

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**Signature of Patient/Authorized Guardian Signature**

**Date**

**PATIENT NOTICE REGARDING ANESTHESIA SERVICES**

Anesthesia services are provided at *The Endoscopy Center of Fairfield* by *Greater Connecticut Anesthesia Associates*. *Greater Connecticut Anesthesia Associates* contracts and employees certified registered nurse anesthetists as part of the anesthesia care team.

Anesthesia services will be billed separately from the services of *The Endoscopy Center of Fairfield*

For billing questions or concerns, please call (888) 717-5383 or email [service@crhanesthesia.com](mailto:service@crhanesthesia.com).

In the event that *Greater Connecticut Anesthesia Associates* is not a participating provider with your insurance plan, *Greater Connecticut Anesthesia Associates* will work with your insurance carrier through various appeal efforts in order to minimize any penalties or costs that your insurance says that you owe. We are often able to negotiate with your insurer to reduce your out-of-pocket expenses due to *Greater Connecticut Anesthesia Associates* out-of-network status, but we cannot guarantee a result. You will also be required to pay the deductible and/or co-pay amounts determined by your policy/plan.