



Dear Patients of Anne Arundel Gastroenterology Associates:

Anesthesia is commonly a covered component of your procedure. As a courtesy to you, the charges for your anesthesia services will be filed directly to your primary insurance carrier then to your secondary insurance carrier. If no secondary insurance was provided at the time of service, we will send you a statement for the co-insurance due as determined by your insurance carrier. We have accepted assignment of benefits and your insurance carrier should send the payment directly to our remittance address.

If your insurance carrier sends payment directly to you, please endorse the back of the check and list "Pay to the order of Bestgate Anesthesia, LLC," above your signature OR write a personal check for the amount received. Please forward payment and a copy of the explanation of benefits to: Bestgate Anesthesia, LLC, PO BOX 63206, Charlotte, NC 28263-3206.

In some cases, even though your physician participates with your insurance carrier, the anesthesia provider who will participate in your care may be considered out-of-network with your plan. Bestgate Anesthesia, LLC will work with your insurance carrier through appeal efforts and will negotiate with your insurer to allow minimal or no out-of-pocket anesthesia costs to you due to any out-of-network status. If you have any questions about your insurance benefits, please contact us at 410-224-2116, ext. 3009.

Please read & ask any questions that you may have so the content of this letter is understood at the time of service. Please retain a copy of this letter for your records in case you need to contact us while the claim is being processed and until it has been satisfied. You will receive an explanation of benefits from your carrier outlining the amount they paid and the amount you owe. However, please do not make any payments to us until you receive a statement from Bestgate Anesthesia, LLC.

Assignment of Benefits and Authorization to Appeal: I authorize payment of medical benefits to Bestgate Anesthesia LLC. It is my understanding that the only charges that I may be responsible for are those charges assigned as "patient responsibility" by my insurance company or other third party payer or when I have no insurance or third party coverage. I agree to immediately remit to Bestgate Anesthesia, LLC any payments that I receive directly for services provided. I hereby authorize release of any medical records or information necessary to process insurance claims, appeal benefit determinations, coverage denials, or other adverse decisions on my behalf.

HIPAA Notice: Please note that Bestgate Anesthesia, LLC and Anne Arundel Gastroenterology Associates are business associates. As a result, Bestgate Anesthesia, LLC may receive, use, obtain, access or create Protected Health Information from or on behalf of Anne Arundel Gastroenterology Associates for Procedures in the course of providing anesthesia services. In order to insure your privacy and protection, please carefully read the HIPAA information which Bestgate Anesthesia, LLC and Anne Arundel Gastroenterology Associates have provided.

If you have any questions or concerns, please contact please contact us at 410-224-2116, ext. 3009.