

Understanding Your Surgery Billing

Thank you for choosing Orlando Orthopaedic Outpatient Surgery Center (OOOSC) for your procedure. We are pleased to have you as our patient.

As you prepare for surgery, we want to make sure you understand how you will be billed for the services you receive.

The success of your surgery depends on a team effort by many dedicated professionals, including those in our facility.

Due to government and insurance rules, we are not permitted to bill or collect money for non-employed healthcare providers. For this reason, each entity must send their own bill and collect payment from you separately.

Surgery Center's Bill

You will get a bill from OOOSC for what is known as the facility fee. This fee is for the staff and equipment we provide for a safe and successful experience here as well as pre-operative and recovery care, radiology services, use of the procedure room, medication and supplies utilized in your care.

We accept Cash, Checks, all major Credit Cards and CareCredit.

OOOSC number for billing questions is 407-254-2549.

Physician's Bill

Since the physician is not an employee of the surgery center, he/she will bill you separately for his/her services. The physician's bill will be sent from the physician's office.

OOC contact number for billing questions 407-254-2500.

Anesthesia Bill

The anesthesia you receive during your procedure will be provided by an anesthesiologist and a certified registered nurse anesthetist. You will need to address all questions regarding billing and payment to Anesthesia of Greater Orlando.

AGO number for billing questions 407-756-1400.

Other Bills

Depending on several factors related to your surgery, you may receive services for which you will get additional bills. These bills may include:

A physician assistant fee

A Supply/Implant Fee- IPG 866-295-1260 **applicable to all Blue Cross Blue Shield (BCBS) patients*

Laboratory Bill – Orlando Health 407-650-3800

Pathology Bill – Pathology Specialist 407-422-1377

We hope you find this information helpful. Please let a member of our staff know if you have additional questions.

Patient Signature

Date