

Sample Estimate Form

Patient Name: _____

Patient Address: _____

Patient Account Number: _____

Condition Requiring Services: _____ Date of Service: _____

CPT Code	PROCEDURE/SERVICE BOOKED	GROSS CHARGE

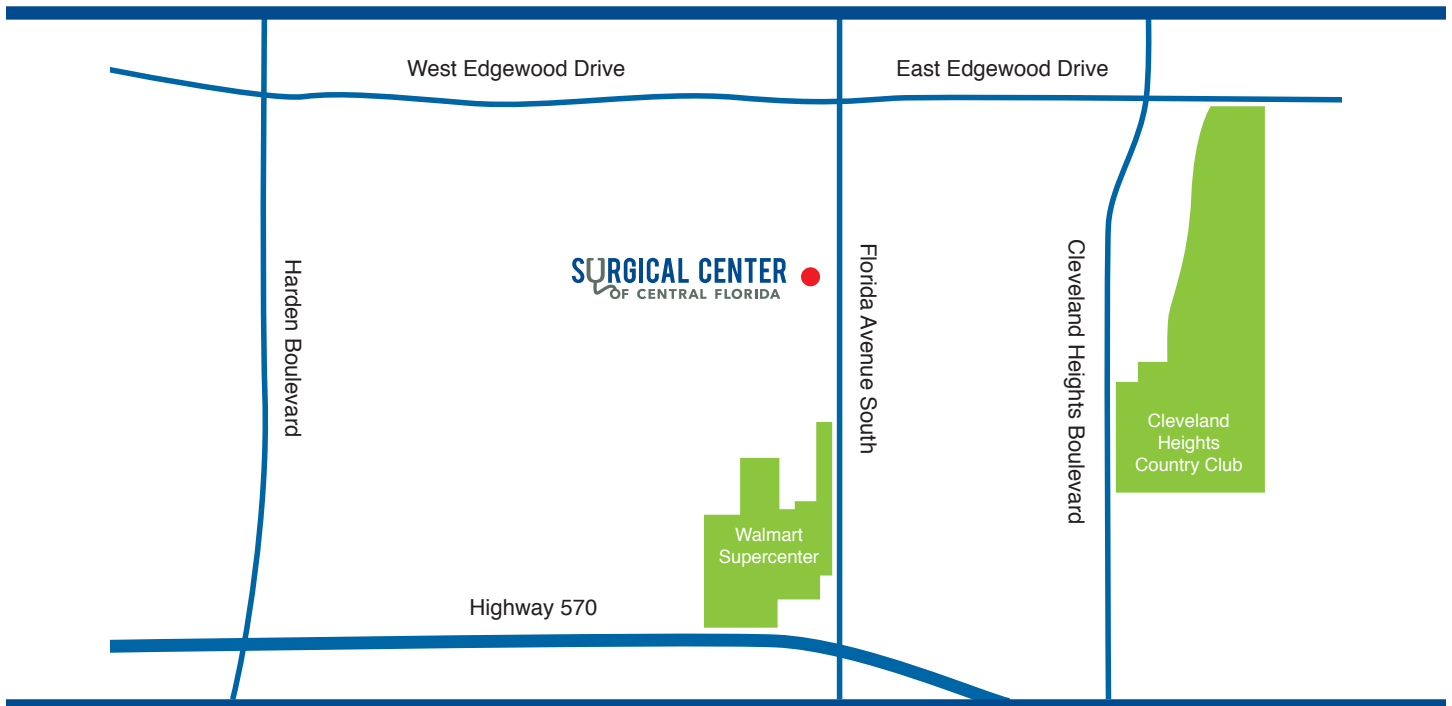
TOTAL ESTIMATED GROSS CHARGES PROCEDURES/SERVICES BOOKED:

This is a good faith estimate of Facility’s anticipated gross charges for its facility fees charged to pay Facility for the procedure(s) that have been booked to be done at Facility by your attending physician to treat your condition (the “Services”). It is being provided pursuant to Florida law. Depending on whether the Services booked are, in fact, the services ultimately rendered to you while a patient of Facility the actual gross charges billed for Facility’s fees may be higher or lower than this Estimate.

In accordance with Florida law, Facility is required to let you know that you may or may not pay less for the Services at another facility or in another health care setting. Please know that your attending doctor who booked your procedure(s) at Facility may not be on the medical staff of such other facilities or health care setting. Furthermore, your attending physician who booked your procedures to be done at Facility, and other health care providers, such as anesthesiologists, interoperative monitoring services, durable medical suppliers, and anatomical pathologists, some or all may provide services to you at Facility, are not a part of Facility’s fees and, if any of their services are provided to you while being a patient of Facility, the provider(s) will bill separately for their services rendered.

Gross charges are the “retail rates” billed by Facility, before application of any adjustments for health insurance, health maintenance organization (“HMO”) or self-pay discounts. PLEASE BE ADVISED THAT THIS ESTIMATE HAS NOT AND WILL NOT BE ADJUSTED FOR ANY POTENTIAL SUCH DISCOUNTS. If Facility believes that you have health insurance and/or HMO coverage(s) that may cover some or all of the Services, Facility may initiate contact with them to determine your cost-sharing responsibilities for Facility’s bill. You may contact them directly as well for additional information concerning your cost-sharing responsibilities. If Facility determines that you have cost-sharing responsibilities for Facility’s bill, in accordance with Facility’s financial assistance policies, you will be required to pay your cost-sharing responsibilities in full on or before Services are provided. If you are unable to pay your cost-sharing responsibilities in full on or before Services are provided because you believe you are medically indigent, or you are not covered by any health insurance or HMO, upon request, Facility, in its sole discretion, may offer you a discount on the amount due and/or offer a payment plan. Any such discount is considered by Facility to be “charity care.” There is no formal application process for obtaining “charity care” at Facility. Facility’s standard collection policy is to produce and send one or more bills to patients for their cost sharing amounts, which if not paid on a timely basis, may then be placed with an attorney or collection agency to pursue such unpaid amounts. If accounts are placed with an attorney and/or collection agency, the costs charged by the attorney and/or collection agency will be passed onto the patient to pay, and the patients’ credit score may be negatively impacted.

3221 South Florida Ave, Lakeland, FL 33803



From the North:

- Start out going south on US Highway 98 N/US-98 E/FL-35/FL-700.
- Stay straight to go onto S. Florida Ave/FL-37.

From the East:

- Start out going west on State Road 540 W/FL-540/ County Hwy-540.
- Merge onto FL-570 W/Polk Pkwy W toward Tampa (Portions toll).
- Take the FL-37/S Florida Ave exit, EXIT 7.
- Merge onto S Florida Ave/FL-37 toward FLORIDA SOUTHERN COLLEGE.

From the South:

- Start out going north on State Road 37 S/FL-37 toward Pine St.
- Stay straight to go onto S Florida Ave/FL-37.

From the West:

- Start out going west on US Highway 92 E/US-92 E.
- Turn right onto County Line Rd/County Line Rd.
- Keep left at the fork to continue on County Line Rd/ County Line Rd.
- Turn left onto Allen K Breed Hwy/County Hwy-542.
- Merge onto FL-570 E/Polk Pkwy E (Portions toll).
- Take the FL-37/S Florida Ave exit, EXIT 7.
- Turn left onto FL-37/S Florida Ave.

SURGICAL CENTER
OF CENTRAL FLORIDA

(863) 577-8596
Surgery Center of Central Florida

LVI
LAKELAND VASCULAR
INSTITUTE
OUTPATIENT CENTER

(863) 577-0296
LVI Outpatient Center