



**For Anesthesia billing questions, contact Ambulatory Anesthesia Solutions at:  
866.331.3022 or [patients@vbrcm.com](mailto:patients@vbrcm.com).**

We know you have options when choosing a provider for your healthcare needs, and we thank you for having your procedure performed at our center. Anesthesia services are commonly a covered component of your procedure. If you have insurance coverage, the bill/claim for your anesthesia services will be filed directly with your primary insurance carrier, then to your secondary insurance carrier after primary payment, if applicable. We have accepted assignment of benefits and your insurance carrier should send the payment directly to our remittance address.

We strive to resolve claims without your involvement, but, in some cases, we may request your assistance if your insurance carrier does not process our claim appropriately or otherwise indicates that your involvement is needed. Your insurance carrier should process our claims using your in-network benefits for assignment of your cost sharing amount as outlined in your benefit contract.

What you should expect:

1. You will receive an Explanation of Benefits (EOB) from your insurance carrier with a “patient responsibility” amount.
2. Please wait until you receive a statement so that we can validate your insurance carrier has assigned an appropriate cost sharing amount to you.
3. If you provided a mobile number as a method of contact, you may receive electronic statements or other electronic communications via text message. You may opt out of electronic communications at any time by replying “STOP” after receiving your first electronic communication.
4. In the event you receive payment for the anesthesia services provided directly from your insurance carrier:
  - a. Forward a copy of the Explanation of Benefits (EOB) that you received via email to [Patients@VBRCM.com](mailto:Patients@VBRCM.com).
  - b. Send the check(s) and a copy of the EOB that you received or mail a personal check to:  
AAS Indiana LLC  
PO BOX 675442  
Detroit, MI 48267
  - c. Should you receive any additional checks or EOBs, please follow the steps above.
5. Once you receive your statement from AAS following the resolution by your insurance carrier, please pay the bill in full or contact our office to make other payment arrangements.
6. Online bill pay is available using the instructions provided on your statement at [www.epayitonline.com](http://www.epayitonline.com)
7. If there are any changes in your insurance, please contact our office immediately.

**Assignment of Benefits and Authorization to Appeal:** I authorize payment of medical benefits to Ambulatory Anesthesia Solutions (AAS). I understand that the only charges I may be responsible for are those charges assigned as “patient responsibility” by my insurance carrier or other third-party payer or when I have no insurance or third-party coverage. I agree to immediately remit to AAS 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 AAS, the facility and Value-Based RCM (VBRCM) are Business Associates. As a result, each entity may receive, use, obtain, access, or create Protected Health Information in the course of providing anesthesia service and affiliated business processes. In order to ensure your privacy and protection, please carefully read the HIPAA information you have been provided.

\_\_\_\_\_  
Patient/Guarantor Signature

\_\_\_\_\_  
Date

<b>PATIENT LABEL</b>
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