



Gulf-to-Bay Anesthesiology Associates LLC

Team Health-BasePointe Billing Center

Toll Free 1.888.983.4885

PRE-PAYMENT FORM

Hospital or Facility Tampa General Hospital BG 34404

Patient Full Name: _____

Patient Date of Birth: _____

Area Code & Phone Number: _____

Surgeon Name: Dr. Zakhary

Date of Surgery: _____

Procedure/CPT Code: Anesthesia OB Labor & Delivery Self Pay Package for Dr. Zakhary Patients

Estimated Anesthesia Time: Flat Fee

Estimated Anesthesia Fee: Epidural for Vaginal Delivery \$500 or Anesthesia during C-Section \$750.00

** In the event a labor epidural turns to C-section, only \$750.00 will be charged, not both fees.

Patient's Relationship to PAYOR (circle one) Self Spouse Child Other

Payment Method (circle one) CREDIT CARD PERSONAL CHECK CASHIER'S CHECK MONEY ORDER

Card Type (circle one) AMEX DISCOVER VISA MASTERCARD

Full Name on Credit Card _____

Credit Card Billing Address:

Street Address _____

City, State, Zip Code _____

Card Number _____

Card Expiration Date _____

Amount Authorized for Payment \$ _____

Please make check payable to:

Gulf-to-Bay Anesthesiology Associates LLC

*When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

**Payment for the negotiated fee must be forwarded prior to the surgery date, or patient will be billed at the full anesthesia rate.

Please Remit Form & Payment information to:

Team Health-BasePointe Billing Center

3225 North Star Circle

Louisville, TN 37777

ATTENTION: AN PATIENT SERVICES

or Fax Completed form to:

865-560-7133

or Payment via phone:

1-888-983-4885