



WOMEN'S MEDICAL GROUP
OBSTETRICS – GYNECOLOGY – INFERTILITY

15151 NATIONAL AVENUE - LOS GATOS, CALIFORNIA 95032
PHONE: (408) 356-0431 - FAX: (408) 356-8569
www.lowmg.com

Surgical Financial Agreement

Name: _____ MD: _____ Surgery Date: _____

Listed below is an **estimate** of the physician's fee for your surgical procedure. The fee includes the proposed surgery and routine, uncomplicated post-operative care in the hospital and in our office. The fee does **not** include the anesthesiologist's fee, the hospital/surgical center's fees or any laboratory fees. It is an estimate only and does not include any additional procedures that may be performed, if necessary, at the time of the surgery.

Also listed is the amount we estimate your insurance company will pay based on our current contracted rates. The contractual adjustment represents the estimated amount your insurance company will pay as quoted when we called them for your surgery benefits. If your insurance was not able to provide an exact dollar amount they would allow, we estimated that 50% of our surgeons' fees would be "Usual & Customary" as determined by your insurance and is the amount used to calculate your benefits. You are responsible for the balance.

Estimated Surgeon's Contract fee for surgery:	\$		
Plus Estimated Assistant's Contract fee for surgery:	\$		
Your insurance plan requires a deductible of:	\$		
Once the deductible has been satisfied			
Insurance estimates to pay LOWMG:	\$	=	%
Total due by patient at pre-op appointment or			
By the following date: _____	\$	=	%

If Los Olivos has a contract with your insurance, we will bill the primary insurance and do follow-up with the insurance company. **If Los Olivos is not contracted with your insurance company, you are personally responsible for all fees incurred by your surgery.** We expect payment for the estimate of patient due at the pre-operative appointment and payment of the remainder of the fee within 45 days of the surgery. Any additional procedures will be added to the bill at the time of the procedure. As your insurance has a contract with you and not with Los Olivos, it is your responsibility to seek reimbursement for your procedure from the insurance company. As a courtesy to you, we will bill your insurance for you one time. When you receive the statement from Los Olivos, you are responsible for payment at that time, even if your insurance has not yet paid the claim. The patient is responsible for all insurance follow-up once the claim has been submitted.

We will do our best to help you with your insurance questions. Feel free to contact your insurance company directly or the Human Resources department in the work place where your insurance coverage is to learn more about your coverage and your benefits. If you have additional questions, please contact Neli McDaniel, the surgery scheduler, at (408) 358-4836 or nmcdaniel@lowmg.com. You may also contact an account representative in the business office at 356-0431 or by email at businessoffice@lowmg.com.

I have read the above and agree to the terms.

Patient Signature Date

Date: _____ Pt informed: Yes via _____ Pre-Op Appt: _____ Pre-Cert: Ref# _____