



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 costs or any laboratory costs. 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 will be paid by your insurance based on benefits quoted by your insurance company and the contractual adjustment, if we are contracted with your insurance. If your insurance was not able to provide an exact dollar amount they would allow, we estimated that 50% of our charge 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 fee for surgery and post-operative care: \$ _____

Plus Estimated Assistant's fee for surgery: \$ _____

You 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
On 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 or your Human Resources department in your work place to learn about coverage and benefits. If you have additional questions, please contact our surgery scheduler, Denny Gibo, at (408) 358-4849 or dgibo@lowmg.com for further assistance.

I have read the above and agree to the terms.

Patient Signature Date

Denny Gibo, Scheduler

Pre-op: _____ Pt informed: _____ Card copied: _____ Pd: _____ Date: _____
08-10