



# PATIENT FINANCIAL STATEMENT

Amy Garcia, MD

The Center for Women's Surgery (CWS) prides itself in providing excellent medical care and customer service to you, our patient. Our goal is not only to provide you with superior medical care but also to provide you with the highest quality billing and insurance support. **Insurance and billing issues can be stressful and confusing, so please ask questions, and allow us to assist you.** In return, we request that our patients treat us with a similar attitude of respect.

### Insurance Filing of In-Network Insurance Plans

If you carry an insurance plan that we are contracted with, we will file your insurance claims directly with your company. At this time, we are contracted with the following insurance companies: Blue Cross and Blue Shield, GM Southwest, Lovelace Health Plan, Mutual of Omaha, Presbyterian Health Plan and United Healthcare. We will do our best to predict your portion of your medical bill and to assist you with any problems. Please inform us promptly of any changes to your insurance policy.

### Out of Network Insurance or Self-Pay

If you carry an insurance plan that we are not contracted with, we request payment in-full at the time of service and pre-payment of any scheduled procedures or surgeries. We will do our best to file your claims and to facilitate reimbursement but can make no guarantee of outcome. If you do not have health insurance, you may request a self-pay discount, which may be extended on a case-by-case basis.

### Payment at the Time of Service and Payment Options

We kindly request payment of co-pays, co-insurances, deductibles and self-pay amounts at the time of service. CWS accepts cash, checks, Visa and Mastercard. A \$15 fee will be charged for any check returned from the bank due to insufficient funds. If you choose to use your credit card to pay your bill over the telephone, CWS will add a 4% telephone processing fee.

### Late Payment Fees

Any account with a balance older than 30 days will incur a \$5 per month billing charge.

### Appointment Cancellation and Rescheduling Policy

If you schedule an appointment with us and need to cancel or reschedule this appointment, we request at least a 24-hour business day advance notice. This means that if you have an appointment scheduled for a Monday at 9 am, we would request that you cancel this appointment prior to 9 am on the previous Friday morning. If you fail to give such notice, we will charge a \$75 "no-show" fee.

### New Mexico State Sales Tax

The state of New Mexico charges a 6.875% gross receipts sales tax for medical services. This applies to co-insurance, deductible and all out-of-pocket amounts. This sales tax will appear on your CWS bill.

### Assignment, Release and Agreement

I hereby authorize and assign directly to **Dr. Amy Garcia** all insurance benefits otherwise payable to me for services rendered. **I understand that I am financially responsible for all charges whether or not paid by insurance. I agree to pay any collection and/or attorney's fees should I fail to pay for all charges for which I am responsible.** By signing below, I agree to all of the above policies and hereby authorize CWS to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Relationship (if other than self)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date