

FINANCIAL/PAYMENT POLICY AGREEMENT

I understand that I am financially responsible for payment for services rendered by Southwest Obstetrics and Gynecology, LLC regardless of coverage by my insurance carrier. Payment for services are due in full on the date of service if I do not carry health insurance; and within 30 days of the receipt of statement after my health insurance carrier has paid, if I carry insurance, unless other arrangements have been made in writing with the office. If it becomes necessary for Southwest Obstetrics and Gynecology, LLC to engage an attorney or collection agency, I will be responsible for all costs incurred with these agencies. All service charges incurred with such entities will be added to my account balance. I understand that I am responsible for all service charges. If my account remains unpaid for 90 days, I understand that it may be sent to a collection agency. I understand that if my account becomes 90 days delinquent and is sent to collections, confidential and personal information about my care as well as my account information will be disclosed to the collection agency to be a used for the sole purpose of collection on the unpaid debt. It is my responsibility to inform Southwest Obstetrics and Gynecology, LLC if my address or phone number changes within 30 days of such changes to facilitate appropriate billing. I understand that Southwest Obstetrics and Gynecology, LLC has a written policy in place that safeguards the privacy and security of my private and personal health information. This consent permits Southwest Obstetrics and Gynecology, LLC to disclose and exchange my personal health information with my health insurance carrier and others as necessary for treatment, payment and healthcare operations.

Please Initial

NO SHOW / RESCHEDULE FEE POLICY

Southwest Obstetrics and Gynecology, LLC has a No Show/Reschedule Fee. This fee is not a covered benefit with any insurance. The fee is the patient/guarantor's sole responsibility.

No Show/Same day Reschedule fees are as follows: \$35 for an office visit and \$75 for a surgery/procedure. When time allows, we will confirm your appointment. Please do not rely on these courtesy calls.

**The fee will be waived if a 24 hour notice is given prior to scheduled appointment time. **

We realize circumstances beyond your control may arise, such cases will be reviewed and the fee may be waived depending on the situation.

Please Initial

AUTHORIZATION FOR A HEALTHCARE CO-PARTICIPANT

Print Patient Name Date of Birth Phone Number Authorize Southwest Obstetrics and Gynecology, LLC to share information regarding my health care as indicated below. You authorize the above mentioned provider and or facility to discuss your protected health care information with the person/ (s) designated below. Please list the individual/ (s) you wish to participate in your care: Co-Participant Name Contact Number Relation Co-Participant Name Contact Number Relation I understand that my co-participant/ (s) must present suitable photo identification when requesting this release of confidential information in person. They must also know pertinent information about me (Date of Birth, Last 4 digits of my SSN) when requesting this release of confidential information over the phone. Please Initial I also acknowledge that I have read and understand the No Show/Reschedule/and Financial responsibility policies. I also understand the Co-Participant of health care policy. _____ Date: _____ Patient Signature: ____ Parent/Legal Guardian Signature: _____ Date: ____ 634 West Pinon Street, Farmington, New Mexico 87401 www.Southwest-OBGYN.net Telephone: (505) 325-4898, Fax: (505) 278-8910