SWGA
Albuquerque's premier digestive health clinic

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UNDERSTANDING YOUR PROCEDURE FEES

Southwest Endoscopy provides Anesthesia services for you during your endoscopic procedure. The physicians of Southwest Gastroenterology and Southwest Endoscopy perform all endoscopy procedures using Monitored Anesthesia Care (MAC) for all patients. Monitored Anesthesia Care is considered safer for patients having an endoscopy. If you decline anesthesia and do not want to be sedated for your procedure, your procedure will be performed without sedation. Should you have any questions, please ask to speak with a staff member or call 505-999-1600.

1. **"Professional Fee"** This fee is for the physician performing your procedure. The professional fee for the physician will be billed through Southwest Gastroenterology Associates.
2. **"Facility Fee"** This fee is for the use of the endoscopy equipment, medications and nursing staff at the facility, and is billed through Southwest Endoscopy.
3. **"Pathology/ Laboratory Fee"** This fee is for the examination and diagnosis of any tissue removed during the exam. This will be billed by Inform Diagnostics, Southwest Gastroenterology, Tricore, Quest or Petroglyph Pathology.
4. **"Anesthesia Fee"** This fee is for monitoring the patient during the procedure and administering local anesthesia together with sedation and analgesia. MAC anesthesia is safer and allows patients to recover sooner, and is billed through Southwest Gastroenterology Associates.

The above charges are generally "covered" by insurance; however, you may have a shared cost for each one of the above fees including a deductible. If your insurance does not cover the cost of your Monitored Anesthesia Care, Southwest Gastroenterology will accept a flat fee rate of $175.00 for the anesthesia service fee only.

We will gladly assist you with financial arrangements at your request. We use Transworld Collections Agency in the event an account is placed in collection status.

I have read and understand the Procedure Fees Policy and agree to comply with and accept responsibility for any payments due.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____