



Santa Barbara Women's Imaging
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Patient Acknowledgement of Financial Responsibility

Please be advised even though we may be listed as a provider with your insurance company, it does not imply that payment is guaranteed or that your insurance company will pay in full. You may be responsible for your deductible, co-payment or other out-of-pocket expense as described by your insurance carrier. In addition, your insurance company may take the position that the service you are scheduled for today (3D mammography or "Tomosynthesis") is either experimental or not medically necessary and may therefore deny payment. Medicare and Cen-Cal and many insurances plans do cover tomosynthesis.

We have performed over 8,000 mammograms using Tomosynthesis technology. Over this time, we have seen our recall rate for additional imaging reduced by approximately one half, and we have increased our cancer detection rate. In view of these patient care improvements, we have chosen to use tomosynthesis for all the mammograms performed in our office.

Since Tomosynthesis is not covered by some insurance carriers, **there may be an additional cost for this study that you will be responsible for; for most patients, the additional cost is \$75.00.** If you cannot afford the additional cost but would still like to have Tomosynthesis, we request that you complete a brief questionnaire that we will submit on your behalf to The Department of Managed Health Care (DMHC). At that point, we will be working through the DMHC to appeal your claim for the additional payment; you will not be responsible for the additional payment regardless of the appeal outcome.

You will receive a bill from our office for any deductible or co-payment amounts owed, as described by your insurance company. If you have paid moneys today, please understand that these are **estimated amounts only** and it is very likely that you will owe additional money following insurance processing. Initial here to acknowledge: _____

Any questions as to how your insurance company pays for today's service must be directed to your insurance company.

Please sign below to indicate you have read, understand and accept this responsibility.

Thank you.

Patient Name

Patient Signature

Date