

Procedure Deposit Agreement

The administrative work involved in booking a procedure is extensive. It is important that when you schedule your procedure to make sure that your scheduled date is ideal for you. Cancelling or rescheduling your procedure requires multiple phone calls to the hospital or outpatient facility, insurance company, nursing staff and anesthesia staff which requires a great deal of time. Also, the procedure room is reserved at a specific time for you, and is no longer available to other patients. Therefore, the below policies are in place as follows:

CANCELLATION/ NO-SHOW:

There is a \$300 fee for late cancellations (<72 hours) or not showing up for your procedure.

Before scheduling a procedure, we require a deposit and/or credit card on file.

Should you not show up or cancel your procedure with less than 72 hours notice for any reason, your credit card will automatically be charged a \$300 fee. If you have paid a deposit based on your procedure estimate, this \$300 fee will be automatically deducted from your deposit.

- Your credit card information will be collected if your procedure estimate deposit is less than \$300.
- If you choose not to provide your credit card information below, you have the option to pay the \$300 deposit instead. The \$300 will serve as a deposit toward your claim balance.
- If you owe us nothing after your procedure claim is paid, we will refund your money.

RESCHEDULING:

There will be a \$100.00 charge each time a procedure is rescheduled. This fee will not be applied toward the procedure and will be deducted from the deposit or credit card on file prior to your procedure being rescheduled.

There is no fee should we or the facility cancel or reschedule your procedure for any reason.

Any remaining balance, if any, can be paid with this same credit card on file once your claim has processed. Just notify our billing department.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS. Please sign and return. Thank you.

PATIENT NAME: _____ DOB: _____

CREDIT CARD TYPE (circle one): VISA MC # _____

NAME ON CARD: _____ EXP: _____

CVV: _____

SIGNATURE: _____ DATE: _____