

## **FINANCIAL POLICY FOR SURGERY**

It is important for you to understand your financial obligations associated with your planned surgery. Your insurance company will be contacted to verify eligibility and benefits coverage. Authorization will also be obtained from your insurance company prior to surgery being scheduled.

Based on the information provided from your insurance company, you may be responsible for a copayment, deductible and/or coinsurance amount. We ask that your responsible portion be paid in advance to your surgery date. Payment can be made with cash, check, Visa or Mastercard.

If you are unable to pay, your surgery will be postponed until payment is received.

I am signing this document of my own free will and understand my responsibilities for payment of surgery, related care, and other costs associated with any additional care needed after surgery.

\_\_\_\_\_  
Patient or Authorized Representative Signature

\_\_\_\_\_  
Date