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SURGICAL DEPOSIT POLICY

Thank you for scheduling surgery with Foot Specialists of Kansas City, P.A. The following policies have been designed to maintain an efficient surgery schedule and to ensure the fair distribution of the doctors' limited surgery time for all of their patients. We hope the policies do not cause insignificant inconvenience and appreciate your cooperation. **Your surgery is scheduled on _____.**

- **How much?** A deposit of \$100 in cash, check, CareCredit or credit card (Visa, MasterCard or Discover) is required to reserve your desired surgical date, and is due at the time you schedule your surgery.
- **When to reserve space?** You are welcome to make your reservation for surgery on the day of your appointment. If you later realize that work or other scheduling conflicts exist, your deposit may be credited toward a more convenient surgery date (see next section).
- **Rescheduling.** In order to receive full credit for your deposit, please notify our office at least two weeks prior to your scheduled procedure date. We understand that personal situations can arise unexpectedly and you may reschedule your surgery as often as necessary without penalty provided we receive two weeks advance notice. Patients providing less than two weeks' notice will incur an administrative charge of one half of their original deposit (\$50). The remaining half will be credited toward the rescheduled surgery.
- **Cancellation.** Patients canceling surgery two weeks or more prior to their surgical date will receive their full deposit back. Those patients canceling surgery less than two weeks prior to their surgery date will forfeit their \$100 deposit. If our administrator has determined that a refund is required due to unforeseen circumstances, the deposit will be refunded.
- **Insurance.** The patient remains responsible for any additional insurance balance. Foot Specialists of Kansas City, P.A. will bill your insurance as a courtesy to you, but obtaining any pre-certifications, pre-determinations and/or referrals for procedures is the sole responsibility of the patient. If your insurance does not pay for the full balance of your surgery, your deposit will be applied to that balance and you will be responsible for any difference. If they pay more than your deposit amount, you will be refunded any remaining deposit, minus any other balances.
- **Final Payment.** Final payments must be received within 30 days of receiving a claim from insurance. We accept cash, check, CareCredit or credit card (Visa, MasterCard or Discover) for remaining surgery balances.
- **Refunds.** All refunds are mailed by check.

****I certify that I have read this form, fully understand and comply with the financial terms related to my surgical procedure.**

Signature of Patient or Legal Representative

Date

Printed Name of Patient

Date of Birth

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