

# Surgery Scheduling Policy

Thank you for your interest in our office. We look forward to providing you with the highest quality of care throughout the surgical process.

## **I HAVE DECIDED ON A DESIRED SURGICAL PLAN PRESENTED BY DR. STRAKA AND WISH TO SCHEDULE A SURGERY DATE. WHAT DO I NEED TO DO NEXT?**

You may schedule your surgery with our surgical coordinator during business hours. She will review dates available and collect your deposit once you have decided on a date for your surgery. We ask that you do not pay your deposit until you are definite about your desire for surgery and are certain that you have the funds available to pay the full amount.

## **WHAT IS THE DEPOSIT AMOUNT TO SCHEDULE MY SURGERY?**

The deposit is 5% of the total amount listed on your cost analysis sheet. This is a **non-refundable** fee. Your deposit fee will be applied to your surgery balance. Financing (Care Credit) is not accepted for any deposits. Your surgery date will be reserved only after your deposit has been collected. Personal checks are accepted for the deposit only.

## **WHEN IS THE FINAL PAYMENT FOR SURGERY DUE?**

All remaining fees/balance are due at your pre-operative visit or 10 business days prior to your surgery date, whichever comes first. If the full payment has not been received by 10 business days prior to your scheduled surgery date, your deposit will be forfeited and your surgery date will be released.

## **WHAT FORMS OF PAYMENT ARE ACCEPTED?**

- Cash
- Cashier's check/money order (made payable to Philip Straka, M.D.)
- Debit card (please contact your bank in advance as there is typically a daily limit placed on debit cards)
- Visa/Master Card/American Express/Discover
- Care Credit is accepted for the balance/final payment only. Our office participates in the 6 month no interest plan as well as the 24, 36, 48 and 60 month extended payment plans. If you plan to use Care Credit, please either go to [www.carecredit.com](http://www.carecredit.com) or call 1-800-677-0718 to apply. If someone other than yourself is the account holder, that person will be required to sign for the charges. As required by Care Credit, a driver's license and secondary credit card in the card holder's name will also be necessary.

## **WHAT FORMS OF PAYMENT ARE NOT ACCEPTED?**

- Personal checks (with the exception of the 5% scheduling deposit)
- Credit card checks
- Insurance—Dr. Straka will not submit any claims to any insurance company for coverage of this procedure and no insurance will be accepted for this procedure.

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Patient signature

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Date

**WHAT IS A PRE-OP (PRE-OPERATIVE ) APPOINTMENT FOR AND WHEN IS IT?**

On this visit, typically 10-14 days prior to your scheduled surgery, you will review the surgical plan and goals with Dr. Straka. You will sign consent forms, receive your pre-op and post-op instructions and arrival time for the day of your surgery. Any remaining questions you have regarding your procedure will be answered on this visit. You will be given orders for blood work (CBC) which is to be done at Quest Diagnostics following your appointment at our office. The cost of the blood work is included in your price quote. You do **not** need to fast for this appointment. If your surgery is scheduled at a hospital, you will need a pre-operative appointment with the hospital as well.

**WHAT IF I NEED TO MOVE MY SURGERY DATE AFTER I HAVE SCHEDULED?**

We understand that a situation may arise that could force you to reschedule, postpone or cancel your surgery. Please understand that such changes affect your surgeon, anesthesiologist and nursing staff as well as other patients. We appreciate your courtesy of informing us as soon as you are aware that a change is necessary. We thank you in advance for your cooperation.

**WHAT IS CONSIDERED RESCHEDULING? WHAT FEES WILL I HAVE TO PAY?**

- If you reschedule or postpone your surgery **more than** 10 business days prior to your surgery date, an additional, non-refundable rescheduling fee of 5% will be collected in order to reschedule your surgery. This additional fee will be applied to your surgery balance.
- If you reschedule your surgery **less than** 10 business days prior to your surgery date, an additional 5% of the total fees will be collected in order to reschedule your surgery. This fee is in addition to your original price quote. This is a non-refundable rescheduling fee.
- We do not accept Care Credit for the rescheduling fees.
- If you reschedule your surgery, the new date for surgery will only be scheduled within 60 days of the original surgery date or it will be considered a cancellation and all cancellation policies will apply.
- We will reschedule your surgery a maximum of two times (for a total of 3 dates). After the third scheduled surgery date, we will not reschedule your surgery and your deposit/rescheduling fees will not be refunded.

**WHAT IS A CANCELLATION? WHAT FEES WILL I HAVE TO PAY?**

If you cancel your surgery at any time, **all deposits paid will be forfeited.** If you cancel your surgery after full payment has been made to our office, all deposits/rescheduling fees will be forfeited in addition to 25% of the total surgical fee paid for your procedure. The remainder of your refund will be by check and will be mailed within two weeks of cancellation. If your fees were paid through Care Credit, your refund, minus the above fees, will be refunded to your Care Credit account.

I have read the above scheduling policy, have had all of my questions answered regarding payment and fees and agree to abide by the policy outlined above.

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Patient signature

\_\_\_\_\_  
Date