



## **ELECTIVE SURGERY SCHEDULING AND PAYMENT POLICY**

### **Scheduling Your Elective Surgery:**

A representative of Chesapeake Urology will contact you to coordinate a convenient date for your surgery.

Pre-operative testing is required by both our anesthesiologists and the facility where your surgery will be performed. This testing needs to be current and must be performed within one month or less of the scheduled date of your surgical procedure. In addition, we must receive the results of your pre-operative testing at least two (2) weeks prior to the date of your scheduled surgery. Please contact our surgical coordinator for assistance if you have any problems scheduling these preoperative tests or obtaining your test results.

**If we do not receive your preoperative test results at least two (2) weeks prior to your scheduled surgery then your procedure will need to be cancelled and you will need to contact our office to reschedule.**

### **Paying For Your Elective Surgery:**

A \$500 **non-refundable** deposit is required at the time you schedule your surgery. This will reserve availability of your physicians, your surgical suite and your surgical staff.

Payment in full is due at least twenty-one (21) days prior to your scheduled surgery. Payment can be made in cash, by check or by major credit card. In addition, Chesapeake Urology can assist you in applying for financing for your procedure through a third-party credit provider. We have no affiliation with any third-party credit provider and therefore make no assurance that you will be eligible to obtain credit.

**If payment is not received at least twenty-one (21) days prior to your scheduled surgery your procedure will need to be cancelled and you will need to contact our office to reschedule.**

We understand that illness and other situations beyond your control may arise that could require you to reschedule your surgery. Rescheduling is managed on a case by case basis and we will work with you to find a mutually convenient date for your procedure. Repeated cancellations will cause a forfeiture of your deposit.

*I have read, understand, and accept this Elective Surgery Scheduling and Payment Policy. I understand that my deposit is non-refundable and that I may be required to forfeit my deposit if I am unable to complete my obligations with respect to payment and pre-operative testing or if I am unable to keep a rescheduled appointment.*

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_