

Cancellation Policy

Patient:

Date:

Pre-Op Date:

Surgery Date:

Procedure:

The total charge for your surgery is

Payment in full must be received at least 4 weeks (28 days) in advance of your scheduled procedure, so that we may reserve time for you.

Reserving your surgery time & date requires the coordination of Dr. Christopoulos', Anesthesia, Operating Room Staff, Pre-Testing/Lab, Recovery Room staff and Operating Room schedules, along with the expense of ordering the supplies required. The time and length of your surgical procedure are specifically reserved for you. For this reason when scheduling your surgery, we require a \$2,500.00 deposit. The deposit is non-refundable and will only transfer to another surgical date when Dr. Christopoulos is given more than a 14 day notice* .

In the unlikely case that you decided to cancel your surgery our Cancellation/Refund Policy is as follows:

REFUND POLICY

Cancel 4 weeks or more in advance of surgery date.....\$2,500 deposit plus 50% of surgical fee forfeited*

Cancel 2 weeks in advance of surgery date\$2,500 deposit plus 100% of surgery fee forfeited*

Cancel day of surgery\$2,500 deposit plus 100% of surgery fee forfeited*

** Exceptions made for serious illness.*

By my signature below I acknowledge that I have read and understand the Cancellation/Refund Policy:

Patient Name (print)

Patient Signature

Date

Witness Name (print)

Witness Signature

Date