

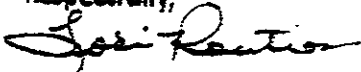
Surgery/Procedure Policy

Thank you for choosing Saunders Oculoplastic Surgery, PSC for your treatment. All copay, co-insurance and deductibles are due 1 week prior to your procedure. We attempt to be as accurate as possible in calculating the amount due. However, adjustments are made by insurance companies. If there is an overpayment by you, we will refund upon receipt of EOB. If you have a balance due, we will send a statement upon receipt of EOB.

Our office staff spends a significant amount of time scheduling, obtaining proper insurance verification and authorizations. We understand emergencies and illnesses do occur. We ask you call our office as soon as possible to reschedule. Non-emergent cancellations are subject to an administration fee of \$100.00.

Please be prompt to your appointment arriving at the time given. Tardiness impacts other patients and staff. Patients arriving late may be asked to reschedule another day.

Respectfully,



Practice Manager

I have read and understand my responsibilities regarding payment, pre-operative instructions and medication requirements.

Patient Name (print)

Patient Signature

Date