

Landmark Urology Surgery Scheduling Policy

Dear Landmark Urology Patients,

Our staff welcomes the opportunity to assist you in preparing for your surgery. Once you have selected a date for your surgical procedure and it has been scheduled, you will be contacted by our staff to discuss your insurance benefits, review your deductible amount and/or coinsurance if applicable, and make arrangements to pay for your 'patient responsible' portion of the procedure. Your 'patient responsible' portion is an estimate that is based on the proposed surgery and the particulars of your insurance policy. At the time of your surgery, Dr. McClure or Dr. McRackan may find it necessary to perform a more or less extensive surgical procedure. Once your insurance company has paid the final charges for your surgical procedure, we will apply your prepayment amount. If there is a discrepancy, you will receive a refund for any excess payment or a statement for any remaining balance.

Contact Information: The best way to reach me is:

Phone number: _____

E-mail: _____

Other: _____

If our scheduling person has been unable to reach you, it is your responsibility to contact her at least one week prior to your surgery date to pay your 'patient responsible' estimate. You can contact our scheduling person, Jeanne Schmitz by calling 571-4399, ext 209. Alternatively, you can speak with Jeri Massey by calling 571-4399, ext 202 or our insurance specialist, Frances Cole by calling 571-4399, ext 203.

- **Your surgery is scheduled on _____.**
- ***Your portion of the payment, if any, is due one week prior to your surgery. If payment is not received by _____, your surgery will be canceled. Your surgery will not be rescheduled for another date until your 'patient responsible' portion has been paid.***

Cancellation Fee:

Scheduling a surgical procedure requires a significant amount of time and effort by our staff and the hospital scheduling, preadmission and operating staff. Therefore, as a courtesy to everyone involved in your care, we ask that you notify us at least one week in advance if you need to cancel or reschedule your surgery. This will also allow sufficient time to rearrange Dr. McClure or Dr. McRackan's surgical schedule and allow other patients the opportunity to be scheduled in the time we have reserved for you. Accordingly, unless there are extenuating circumstances, failure to provide at least a one-week cancellation notice, will result in a \$50 cancellation fee. Your surgery will not be rescheduled until this fee has been paid.

I must notify the staff at Landmark Urology by _____ if I need to cancel or reschedule my surgery, otherwise I will be charged a \$50 cancellation fee.

I have read and understand the above:

Name (print)

Signature

Date _____