



## SURGICAL SCHEDULING AGREEMENT

Our practice believes in providing exemplary medical care and service. When we are scheduling surgery for you, there are many steps which occur “behind the scenes” and require a great amount of effort from our staff as well as obligations which you, the patient, will need to fulfill.

### SUMMARY OF SCHEDULING PROCESS

#### WHAT TO EXPECT FROM US:

When we schedule surgery for our patients, the following takes place:

- We complete detailed paperwork notifying the clinic of exactly what surgery is being scheduled, any special equipment needed, what pre-operative testing is required if applicable, and where that is being completed.
- We complete and provide you with pre-operative instructions detailing for you what you should and should not do prior to surgery.
- We contact your insurance company to obtain any necessary prior authorization for your procedure (this is date sensitive!).
- We inquire about any deductibles, co-insurance amounts, etc., which we expect to greatly change your out of pocket expenses so that we may notify you of this.
- We communicate our plans with your primary care physician or referring specialist when applicable.
- If it becomes necessary to change the date of surgery, this process begins again. We completely re-do any applicable paperwork, and must begin authorizations with your insurance company from the start.

As this is such a time and work intensive process, we do not cancel and reschedule surgical dates lightly. The date changing means that the above steps must be repeated. For this reason, we must charge a surgical scheduling fee of \$200.00 to hold your appointment slot. This amount will be applied to any out of pocket amount that is set by your insurance company. If you do not owe all or some of the scheduling fee collected, the amount due will be refunded to you once your claim is processed and paid.

Additionally, there will be a charge of \$250.00 for patients who do not arrive for surgery ("No Show") or cancel same day of their procedure.

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#### WHAT WE WILL EXPECT OF YOU:

- The patient (or responsible parent/guardian) will need to read the forms and instructions that we provide carefully.
- The patient (or responsible parent/guardian) will need to provide any dates which will NOT work to the surgical/pathology coordinator within 48 hours of the date on this form.
- The patient will need to pay any required co-payment, deductibles, co-insurance amounts, etc. to our office in advance of surgery.
- The patient may need to assist in obtaining any required referral forms from the PCP.
- The patient will need to follow ALL instructions given (see pre-operative instruction sheet) so that surgery is not canceled for a preventable reason (see surgical re-booking fee above).
- The patient will need to arrive ON TIME (see arrival time) for surgery in order not to be canceled.

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ANSWERS TO BILLING QUESTIONS YOU MAY HAVE REGARDING YOUR SURGERY. PLEASE READ BEFORE CONTACTING OUR OFFICE ABOUT YOUR BILL.

There are a number of separate charges associated with your surgical procedure. You may receive billing statements from several companies.

Drs. Cleaver, Waxweiler, Woodson, PAs & NPs	His/her fee for performing your surgery
Pathologist	Services for tissue specimens removed during surgery requiring further examination.
Other Charges	As required by the patient's individual needs.

Prior to your scheduled surgery date, we will contact your insurance to confirm your eligibility and benefits. We will also obtain authorization, if needed, for the planned procedure. Insurance companies WILL NOT guarantee payment when we call for authorization. However, you will be notified if they do not authorize the procedure or require it to be performed at a different location.

ALTHOUGH YOUR INSURANCE COMPANY MAY TELL YOU THAT YOU ARE "100% COVERED", THIS DOES NOT INCLUDE ANY CO-PAYS, CO-INSURANCES OR DEDUCTIBLES THAT THEY APPLY.

If you have any anticipated out of pocket costs (co-pay, co-insurance, deductible, etc.), we will obtain an ESTIMATE for you based on the procedure scheduled by your surgeon. We may request that any anticipated out of pocket costs (co-pay, co-insurance, deductible) be paid prior to the date of your surgery. Please understand this is only an ESTIMATE. There may be additional costs to you based on the actual procedure(s) performed at time of surgery.

We will submit insurance claims for you, to your primary, and if applicable, secondary carrier. Most carriers provide their subscribers with an "Explanation of Benefits", which describes how they processed your claim. If your insurance company denies payment, this explanation will tell you why. You may also wish to call member services at you insurance carrier if you do not agree with the amount of your co-pay, co-insurance and/or deductible. Please remember, these amounts are owed according to your insurance policy, not determined by our office.

You are ultimately responsible for the total bill or any portion of the bill that your insurance carrier did not pay. Our billing department makes every effort to work with your insurance company to get your claim processed in a timely manner. Occasionally, we are unable to resolve the issue with your carrier and will need your assistance. You may not be aware that payment is being held because you need to supply your insurance with more information regarding other insurance coverage and/or accident information. This information can only come from you, the subscriber.

If you have additional questions about the bill you received from our office, please call our billing department at 770.746.6424.

If you have questions about the bill you received from the clinic, physician or pathologist, call the phone number listed on the billing statement.

\_\_\_\_\_  
Patient's Name (please PRINT)

\_\_\_\_\_  
Signature of Patient (or responsible parent/guardian)

\_\_\_\_\_  
Date