

AGUIRRE SPECIALTY CARE

SURGERY SCHEDULING POLICY

We would like to make your surgical experience as smooth as possible, starting with getting your procedure scheduled. The location of your procedure is partially determined by your insurance plan. We make every attempt to schedule patients at the location that gives them the greatest insurance benefit, but you are strongly encouraged to check all details with your own carrier.

You may be scheduled as either an in-patient or outpatient depending upon the procedures your surgeon has determined necessary. You will be asked to report to admissions at least two hours prior to the time of your actual surgery. You will be given detailed instructions regarding diet and any pre-surgical preparations shortly before your surgical date.

Our surgery scheduler will be contacting you to arrange surgery dates and times. Please be aware that surgeries that must be coordinated between two or more surgeons are very difficult to schedule and may require a great deal of lead way. **Dr. Aguirre** normally performs surgeries on Mondays and Wednesdays. The date and time of your procedure depends on a great number of factors including your schedule, the surgeon's schedule, and operating room availability. Therefore, we may not be able to accommodate all preferences.

Pre-operative testing, anesthesia and surgical assistance must be scheduled in addition to your insurance plan being notified and the procedure authorized. Therefore, we request you choose your surgical date and time with the utmost care. Our policy for changes and cancellations is as follows:

- If your surgery is cancelled or rescheduled upon your request within 15-30 days of surgery, the fee is \$25.
- If your surgery is cancelled or rescheduled upon your request within 4-14 days of surgery, the fee is \$100.
- If you cancel or reschedule your surgery with less than 72 hours notice, or fail to show, the fee is \$500.
- No fee will be assessed if cancellation is the result of medical necessity.

We appreciate your cooperation, patience and understanding.

I understand and agree to the above policies.

Signed: _____ Date: _____

Printed name: _____