Jason Boole, MD, FAAOA

Ears, Nose & Throat • Sinus, Allergy and • Sleep Apnea Specialist



SURGICAL RESCHEDULING AND CANCELLATION POLICY:

	the surgeon, anesthesio	e coordination of in- logist, facility and po	surance authorizations, ossibly a pathologist. R	several providers, including	
	We require a deposit of \$200.00 to schedule the surgery 30 days before the surgery date.				
	, ,	If you choose to change your surgery date, you must do so, 14 days prior to surgery, by and it will be changed at the consent of Dr. Boole			
	Except under extenuation rescheduled and the d	=		a second time, <u>it will not be</u>	
		d the claim is proce	ssed by your insurance	and deductibles. Once the company, the deposit will be	
	If you cancel the procedure a second time, the \$200 fee is forfeited to cover administrative costs. It is not applicable to any other balances on your account.				
	PREOPERATIVE DEPOSIT: We know you consider many factors in scheduling the timing of your surgery, including the expenses you will incur with the procedure. Thus, we want you to laware of our preoperative policy regarding your benefits. Approximately two weeks before surgery, we will verify your insurance benefits and will call you specify the amount of the pre-surgical deposit. If you have a policy with a deductible and/or coinsurance, the preoperative deposit is due seven (7) days before surgery. Note: We do not accept credit card payments made by phone. This deposit is required to proceed with surgery. The surgery will be cancelled if the fee is not received in our office 7 days before surgery. This deposit is our best estimate of what you will owe for your surgery and is never a guarante of your full payment to Dr. Boole. Upon final processing of the surgical claim, your insurance company will send you an Explanation of Benefits. If anything further is owed, you will receive statement from us. If a refund is due to you, we will promptly send you a check. We accept Visa, MasterCard, Discover and American Express. Your initial deposit will be refunded the do of your surgery.				
	Patient	Date:	Staff:	Date:	
	Phone:	850-889-4550 Fa	x: 850-807-5217 ww	w.NWFENT.com	