GUARANTEE OF PAYMENT

Scheduling surgery is a time consuming process that incurs substantial labor costs to complete forms, arrange time in the operating room and make changes to the surgery schedule. Therefore, it is our policy to retain $500.00 of your surgery deposit should you decide to cancel surgery within **thirty days** (30) of the date your surgery is scheduled. Cancellation of surgery will result in a refund of all monies paid except your deposit. There is an additional fee of $200 if you need to reschedule your surgery. If your surgery is not rescheduled within thirty days from original booking date of surgery your entire deposit will be forfeited.

I/We hereby guarantee payment of all charges for the account of the above named patient from the time of admission, together with all costs or collection including reasonable attorney fees incurred in collecting it.

****All payments must be paid in full 2 weeks prior to your surgery date. Failure to have payment in full 2 weeks prior will result in cancellation of surgery and forfeiture of deposit.****

I hereby certify that I understand the above statements, and guarantee to be responsible for any and all payments made to my account. I also understand that this procedure is not billed through insurance and cannot be billed at anytime.

Furthermore, I authorize Florida Fertility Institute PA to charge my credit card if payment in full has not been received two weeks prior to time of service.

Credit Card #:_____ Expiration:_____ Sec #:_____

_____ _____/_____/_____

Patient Signature Date

_____

Patient Name