

**THE TUBAL REVERSAL EXPERTS
OFFICE FINANCIAL POLICIES**

Payment is due in full two weeks (2) prior to your procedure date. If payment is not made in full your procedure will be cancelled and you will be rescheduled for a further date.

We accept Visa, Mastercard, Discover, American Express, Cash, Money Orders and Cashier's Checks as forms of payment. Multiple payments are accepted. Receipts will be mailed out after each payment. Please retain these for your records.

Please note an additional \$500 fee will be applied if a medical finance company is used to pay for treatment. This is a non refundable fee.

It is your responsibility to keep our office informed of any changes to your personal information. Please let us know as soon as possible if you've had a change of address, phone, email, etc. This information allows us to contact you efficiently for any needed follow up, appointment information or other information regarding your procedure.

We are a HIPPA compliant medical facility. All patients are either given or offered a copy of our privacy practices. Additional copies are also available upon request.

Statement of Acceptance:

I, the undersigned, acknowledge and accept all of the aforementioned policies. I also understand that all charges/balances incurred by myself or my dependants are my financial responsibility. This includes all fees due for medical services rendered, and all legal fees to collect on me/my dependant(s) account. I also acknowledge that I have received or have been offered, either today or at previous visits, a copy of the Florida Fertility Institute's Privacy Practices.

DATE: ____ / ____ / ____

SIGNED: _____

Patient Signature

**Please list names and phone numbers for person(s) whom we may discuss your general medical information with:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____