

Surgery Scheduling Agreement

You have scheduled a vasectomy reversal procedure with Dr. Schow at Minnesota Men's Health Center on _____, 20____. This letter describes the clinic's policy on scheduling and deposits for surgery dates. Please read this information carefully.

A. Non-refundable Deposit

Minnesota Men's Health Center requires a **\$750 nonrefundable deposit** to reserve a date for Dr. Schow to perform a vasectomy reversal procedure. If a patient cancels a scheduled surgery, and the clinic is not able to fill that time slot with another patient, the clinic incurs a large loss of revenue, and is also liable for the charges of contracted surgical staff (such as anesthesiologists), because there may not be time to cancel their services. For these reasons, Minnesota Men's Health Center requires the \$750 deposit.

The entire deposit will be lost if, for any reason, you cancel your surgery. If your surgery is performed on the scheduled date above, the \$750 deposit will be applied to the charge for your surgery.

In the unlikely event that you need to reschedule your surgery:

1. Rescheduling must be done at least two weeks (14 days) prior to the scheduled surgery date. **If you call to reschedule less than two weeks prior to your scheduled surgery date, you will incur a \$500 rescheduling fee due and payable by credit card the day you call to reschedule** (in addition to the \$750 nonrefundable deposit).
2. The cost of your rescheduled surgery will reflect the prices effective for the new surgery date you choose.

B. Responsible Adult

A Vasectomy Reversal procedure requires the use of general anesthesia (you will be asleep) and therefore, you will need a responsible adult to accompany you to surgery and to drive you home and stay with you for 24 hours after surgery.

C. Method of Payment

We will need to have your payment of \$_____ for your surgery payable by **cashiers check** (made payable to MMHC or Minnesota Men's Health Center) or **credit card (VISA/MC/DISCOVER only)**. Check/Debit cards, and Amex cards will not be accepted. **Payment is due the day of your surgery.** If a personal check is presented the day of surgery, your procedure will be cancelled and rescheduled for another day and you will incur a \$500 scheduling fee.

To accept these terms and secure your surgery date, please sign below and return the signed copy by mail to MMHC, 683 Bielenberg Dr. Suite 108, Woodbury, MN 55125 or by fax, (651) 730-0819, or in person as soon as possible.

I acknowledge that the \$750 deposit I am paying Minnesota Men's Health Center is a nonrefundable deposit that will reserve, _____, 20____ as the date for my vasectomy reversal procedure. If I cancel the procedure I will not receive a refund of the \$750 deposit. If I reschedule the procedure with less than two weeks notice, I will be required to pay an additional \$500 rescheduling fee. I will have a responsible adult drive me to surgery and accompany me home after surgery at MMHC.

Signed by:

Signature of Patient

Print Name of Patient

Date Signed

VISA/MC/DISCOVER NUMBER _____ EXP DATE ____/____/____