

## Darren J. Silvester, DPM, PA

Fellow, American College of Foot and Ankle Surgeons Diplomate, American Board of Foot & Ankle Surgery Fellow, Association of Extremity Nerve Surgeons

## 10-Day Surgery Cancellation Policy

Next Step Foot & Ankle Clinic is privileged to provide treatment for our patients. Our staff accommodates the needs of patients to schedule surgery in a timely manner. This requires careful planning and coordination among our office, the surgical facilities, and other medical specialists who may be involved in your care such as the anesthesiologist and surgical technicians. Also, we coordinate benefits and leave of absences with insurances and employers. The cancellation of a scheduled surgery results in failure to serve other patients as well as disruption in schedules for other healthcare professionals and the operating room.

Therefore, we respectfully request your co-operation and understanding of the surgery scheduling process and our cancellation policy. Our surgery cancellation policy is as follows:

- Cancellation of surgical procedure made within 10 days of the scheduled date will be assessed a \$250 administrative fee. This fee is not billable to insurance or reimbursable and must be paid before we can schedule any further appointments or procedures. Please call our Surgery Coordinator at 830.569.3338 to cancel.
- 2. If we have filed FMLA forms on your behalf, a \$50 FMLA administrative fee will be assessed and we will contact your FMLA provider to cancel FMLA benefits.
- 3. The facility you choose as your surgical center may have a cancellation fee as well.
- 4. Any durable medical equipment (DME) dispensed for after surgery care is subject to a 15% re-stocking fee.
- 5. If you paid any fees in advance and are within the 10-day period, you will receive your refund less the cancellation fee. All refunds will be sent by mail within 30 days after cancellation.

By signing below, you are acknowledging that you have read and understand our cancellation policy.

| Name:      | DOB:  |  |
|------------|-------|--|
|            |       |  |
| Signature: | Date: |  |