

Scheduling Deposit & Cancellation Policy



Many of Blossom Bariatrics's clients are traveling to Las Vegas from afar. To enable our clients, who are on the waiting list, to make travel arrangements, we need to be able to provide them with at least a four week notice.

In a continuing effort to accommodate all of our clients the following *Scheduling Deposit & Cancellation Policy* are now in effect as of **May 1, 2012**.

Scheduling Deposit

____ (initial) A **\$1,000 non-refundable** deposit is required to schedule surgery.

____ (initial) A **\$1,600 refundable** deposit is required to schedule surgery.

____ (initial) To secure surgery date total of \$2,600 is due at booking.

With this deposit it will*:

1 - Secure your surgery date

2 - Secure the current quoted surgery cost**

*Subject to *Cancellation Policy* (below)

**For up to 6 months; periodically the facility & anesthesia fees change.

____ (initial) **Rescheduling:** Blossom Bariatrics is able to reschedule your surgery date once utilizing the same \$1,000 non-refundable deposit. To reschedule your surgery date, please contact Blossom Bariatrics at least **FOUR WEEKS PRIOR** to your **INITIAL SURGERY DATE**.

____ (initial) **Additional Rescheduling:** If further rescheduling is required, a new deposit will be required and a new quote will be provided; pricing may change.

Acceptable methods of payment include:

Cash

Visa

MasterCard

Discover

Cancellation Policy

Well in advance to your surgery date please provide the following to Blossom Bariatrics:

- Surgical Clearance by Primary Care Physician
- EKG
- Labs
- Psychological Evaluation

Fees and Payment Policy:

____ (initial) If additional medically necessary procedures are required for the success of my surgery, I understand that Dr. Umbach will bill my insurance regardless of our prior self pay agreement to help cover those additional costs. I further understand that I will **not** be responsible for additional copays/coinsurance requirements with a valid insurance policy.

These items are necessary to ensure your safety!

Dr. Umbach needs to review them prior to your arrival to make sure you are physically ready for surgery and to verify that the procedure you have picked is indeed the best one for you!

____ (initial) If Dr. Umbach finds it necessary to cancel or postpone your surgery, your deposit will be transferred to new surgery date or a refund will be issued.

Smoking:

Clients who smoke are at a very high risk for surgical complication and post surgery healing. The sooner you quit smoking the better!

____ (initial) Dr. Umbach reserves the right to cancel your surgery if you have not stopped smoking **FOUR WEEKS BEFORE** surgery. Your deposit **WILL NOT** be refunded or transferred to a new surgery date.

Travel Arrangements:

____ (initial) Dr. Umbach will make every attempt to honor your surgery date within a few days. However, certain situations do occur and it may be necessary to reschedule your date. Therefore, we discourage you from making your travel plans too far in advance as you will be responsible for any fees associated with changing your travel plans.

I have read, understand and accept the above policies for Dr. Thomas Umbach, MD, FACS, FASMBS.

Signature: _____ Date: _____

Client's Name (printed): _____

Address: _____

Phone Number: _____