

Private Pay
Elective Surgery Contract

Patient:_____

Surgery Date:_____

Physician: Dr. Gary Ghiselli

Estimated Surgery Cost:\$_____ (This is an estimate only. It is calculated from your surgery planning sheet and may vary some due to the fact that additional procedures may be required at the time of surgery.)

Fee due to hold surgery date:\$_____

Down payment (50% of surgery cost): \$_____

- This amount must be received by our office 5 days prior to your surgery date.

Payment schedule for remaining balance: 1st payment \$_____ due _____
2nd payment \$_____ due _____
3rd payment \$_____ due _____
4th payment \$_____ due _____
5th payment \$_____ due _____

(if all payments are received in our office on the dates they are due you will be given a discount resulting in a write off of the final payment equaling \$_____)

I, _____, understand and agree to the above payment schedule. I also understand that defaulting on any of the pre-surgery payments will result in the cancelation of my surgery. I also understand that if I do not follow the post-surgery payment schedule my account will be considered delinquent and will be turned over to collections. If I must cancel my surgery for any reason I agree to do this at least 5 days prior to my scheduled surgery date to receive a full refund of my \$_____ date fee. If I do not cancel at least 5 days prior to my surgery date, I understand that I will be subject to a \$100 penalty. Therefore, only being refunded \$_____ of my \$_____ date fee.

Signature_____

Date_____

Witness_____

Date_____