



Date _____

Dear _____,

The scheduling for your surgery is complete for a: _____

with (Surgeon) Dr. _____ at (hospital) _____

****Please bring a list of all medications you are taking to your pre-op visit.***

Your pre-operative appointment with Dr. _____
will be on _____ at _____ am pm. ***If you cannot make it to this appointment, you must call and reschedule because if you miss this appointment, your surgery will be cancelled.***

Your pre-admission appointment at _____ hospital will be on
_____ at _____ am pm. The date of your surgery is
_____ and your arrival time the day of the surgery should be
at: _____ am pm

FINANCIAL ARRANGEMENTS

Total estimated cost of surgery \$ _____
Insurance out of pocket \$ _____
50% due at pre-op appointment \$ _____

The remaining balance on your account is due within 60 days of your surgery. Please note that you will also receive a separate bill from the hospital for surgery expenses, as well as other entities involved in your care (i.e. anesthesia, x-ray, labs, etc.). Thank you.

I have read and understand the above information and agree that I am responsible for any charges due the practice for services rendered regardless of insurance coverage.

Signature _____ Date _____

Patient Printed Name _____ Account # _____

If you have any questions, call _____ at **888-0909**. We hope your surgery experience is a positive one and we will look forward to seeing you at your post-operative visit. Your surgeon will instruct you after your surgery when to return for a post-operative visit. *Best wishes for a speedy recovery.*

Sincerely,
OB/GYN Associates

Phillip Agrusa, MD • Scott Armstrong, MD • Theodore Colwell, MD • John Dufurrena, MD
Jessica Fu, MD • Lee Parsons, MD • Michael Robinson, MD • Harmony Schroeder, MD • Becky Uranga, MD
Jill Dawson, CRNP • Amy English, CRNP • Jen Newman, CRNP MS • Julie Stevens, CRNP