



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, FACOG • Scott Armstrong, MD, FACOG • Theodore Colwell, MD, FACOG • Brenda Davies, MD, FACOG • Lee Parsons, MD, FACOG  
Harmony Schroeder, MD, FACOG • Robin Fox, CRNP, MSN • Julie Stevens, CRNP • Sharon Lager, CRNP

3520 E. Louise Drive, Meridian, ID 83642 • (208) 955.0350 phone • (208) 955.0352 fax  
315 E. Elm Street, Suite 310, Caldwell, ID 83605 • (208) 454.2035 • (208) 454.1065 fax

toll free 877.589.0246  
www.obgynidaho.com