



Warrett Kennard, M.D.

GENERAL & VASCULAR SURGERY | DIPLOMAT AMERICAN BOARD OF SURGERY | FELLOW AMERICAN COLLEGE OF SURGERY

Financial Policy

Thank you for choosing this office for your surgical needs. We intend to serve you with quality medical care and sincere concern for your health and welfare. Due to the many types of insurances available and their varying regulations, it is necessary to present the financial policy of this office at your initial visit.

Please note that your insurance coverage is an agreement between you and your insurer. It is your responsibility to remit payment for charges not covered by your plan and insure your carrier remits payment for those that are. If a problem occurs with your claim, you will be required to establish financial arrangements with this office until your insurance problem is resolved.

If you are a managed care subscriber, you are responsible for obtaining a referral from your primary care physician. If you do not obtain a referral for your initial visit and each subsequent visit, you will be responsible for payment of that visit and any charges that result from it.

Fees associated with your surgery include: General Surgeon fees, Surgical Assistant fees (Sometimes a surgical assistant is needed to assist with the surgical procedure. The charges are customarily 25% of the surgeon's bill); facility charges; anesthesiology, pathology, radiology and lab fees. In the scheduling of your surgery, every attempt is made to follow your insurance network requirements.

By law, all patient accounts are due and payable at time services are rendered unless prior arrangements have been made with this office.

No-show/late cancellation policy: Our office requests that any cancellations or changes in your appointment be made at least 24 hours in advance. If an appointment is cancelled with less than 24 hours notice, or you "no-call no show" for your scheduled appointment, our office charges a fee of \$25.

Again, thank you for choosing our office and we look forward to working with you.

Respectfully,

Warrett Kennard, MD and Staff

I have read and understand the above financial policy and will be fully responsible for payment of my charges.

Patient Signature

Date

Please fax completed forms to (972) 248-2493.
