

Surgical Financial Policy

If your insurance had a deductible, co-insurance or co-pay a surgical deposit is to be paid 5 business days prior to your child's surgery.

Upon scheduling your child's surgery, pre-certification will be done 2 weeks prior to surgery date. If your surgery is scheduled within a two week period, pre certification will done within 24 to 48 hours and your deposit is required to be paid no later than 3 business days prior.

If you have any changes to your insurance during this time, please notify us as soon as possible.

Failure to pay amount due 5 days prior to your child's surgery date will result in cancellation of your child's surgery.

In the event that you would need to cancel your child's surgery we ask that you give at least 2 week's notice. If your child becomes ill prior to surgery please contact us as soon as possible so that we may inform the physician. We make every effort to accommodate cancellations however after three consecutive cancellations we reserve the right to

Deductible: _____ Remaining: _____ %Co-insurance: _____

Co-pay: _____

We would like to make you aware that you will be billed from 3 separate entities for your surgery:

1. Surgeon- We will call you 5 days prior to your surgical date to collect our portion. You are welcome to contact our office prior to this date to make a payment.
2. Center One Surgery Center or Wolfson Children's Hospital- (you will pay them the day of your surgery, call them directly to find out your portion of their bill)
3. Anesthesia- (will be billed to you after your surgery)

Please be advised, any price quoted prior to your surgery is just an estimate. The actual price can only be determined after your surgery, based on the procedures performed.

Patient Name _____ Surgery Date _____

Parent Signature _____ Date _____

Bruce R. Maddern, M.D., P.A.
A division of Florida Pediatric Associates, LLC
10475 Centurion Parkway N. Ste. 302
Jacksonville, FL 32256
www.entforkids.com
Phone: (904) 398-5437 Fax: (904) 398-3077