

ENT For Kids | Surgery Information & Checklist

Your child's surgery is scheduled at: **Wolfson Children's Hospital** (at Baptist Medical Center Downtown)
Address: 800 Prudential Drive, Jacksonville, Florida 32207 Phone: 904-202-8000

Surgery Date: _____ **Surgeon:** _____

STOP! Do not initial/sign this document without thoroughly reviewing this information!

- To cancel or reschedule surgery with Dr. Simonsen, contact Allison at aroche@floridapediatrics.com
- To cancel or reschedule surgery with Dr. Andreoli, contact Tish at tbatey@floridapediatrics.com
- To cancel or reschedule surgery with Dr. Black, contact Jackie at jthompson@floridapediatrics.com
- All paperwork and consent forms must be completed and signed via Adobe Sign prior to surgery.
- For your child's safety, a preoperative evaluation (pre-op physical) is required.
 - Have your child's pediatrician/primary care physician complete included pre-op form 1-2 weeks prior to surgery. Some pediatricians provide an office visit note at the pre-op exam, which is also acceptable if it states the patient is clear for surgery/clear for anesthesia.
 - Bring the completed pre-op physical with you to surgery.
 - Sports physicals are not accepted.
 - Preoperative physicals are only good within 30 days of surgery. Physicals older than 30 days will not be accepted and will need to be repeated.
 - **Surgery will be canceled without the pre-op physical/clearance from the pediatrician/primary care physician.**
- Pre-register your child for surgery by calling 904-202-2280. This must be done no sooner than 2 weeks and no later than 3 business days prior to surgery. Have your insurance information available.
- If your child is having surgery other than ear tubes, please do not administer Advil, Motrin, or Ibuprofen products within 2 weeks prior to surgery. Tylenol can be used as an alternative if needed.
- You will receive a call from the hospital after 3:00 PM, 2 days before your child's surgery to give you the arrival time, surgery time, feeding instructions and answer any questions you may have. If you have not received a call by 5:00 PM 2 days prior to surgery, please call 904-202-8838.
- Failure to make the surgery deposit payment by the due date on your Surgery Financial Policy form **will result in surgery cancellation.** Please refer to your Surgery Financial Policy page for the due date and payment instructions.
- You will receive a pre-op email in the days prior to surgery confirming receipt of your surgery deposit and pre-op physical. Your pre-op email will also have your post-op appointment date and time, if applicable.
- Any post-op medications will be sent from our office to the pharmacy on file 1-3 days prior to surgery. Post-op medications are to be started after surgery. You will be contacted by our office in the days following surgery to check on your child's post-op progress and confirm your post-op appointment.
- For medical, prescription, or post-op questions, or if your child becomes sick before surgery, please contact our office at **904-398-5437 ext. 314 to speak with the clinical coordinator.**

Parent Responsibilities Checklist (Required to proceed with surgery)

- ☐ Complete/sign required documents via Adobe Sign (refer to your scheduling email for more information)
- ☐ Pre-register by calling 904-202-2280
- ☐ Schedule pre-op physical with pediatrician or primary care physician
- ☐ Complete pre-op physical and bring completed copy to surgery
- ☐ Make surgery deposit payment on or before due date (see Surgery Financial Policy form)

STOP! By initialing and signing this document, you agree: I have read and understand my responsibilities. I have reviewed and am aware of the facility location, pre-registration requirements, pre-op physical requirements, and timelines for surgery. I understand that I should refer to this document frequently as the answers to most common questions are in this document.

Parent Signature _____

Date _____

ENT For Kids | Surgery Financial Policy

RESCHEDULING / CANCELLATION POLICY AND FEES

Due to high demand and limited availability, and to provide the highest level of care and accommodation to all our patients, a cancellation/rescheduling & no-show policy has been established. **As a courtesy to other patients and our providers, we require 2 weeks' notice for all cancellations and reschedules. Failure to comply with this policy will result in a \$250.00 cancellation/rescheduling fee and/or significant delay in rescheduling.** This fee will be withheld from the paid surgery deposit when available or will be charged as a balance which must be paid prior to rescheduling surgery/scheduling office visit appointments.

A \$250.00 fee will be assessed for the following:

- Multiple cancellations/reschedules: Surgery may be rescheduled **one** time without penalty. We must be notified 2 weeks prior to the scheduled date. We make every effort to accommodate cancellations, however after two consecutive cancellations/reschedules we reserve the right to not reschedule your child's surgery.
- Failure to contact our office in the event that you need to cancel surgery
- Failure to make the **surgery deposit payment** on or before the due date
- Failure to obtain a **pre-op physical** with the pediatrician, resulting in surgery cancellation
- Failure to show on the date of scheduled surgery

No fee will be assessed in the event of cancellation/rescheduling by our office, or in the event of a documented medical reason with a doctor's note provided.

SURGERY DEPOSIT & ESTIMATE

If your insurance has a deductible, co-insurance or co-pay, a surgery deposit must be paid on or before the due date provided below. Generally, deposits are due **4 weeks prior to the surgery date**. If the surgery date is less than 4 weeks from the time of scheduling, the deposit is due **within 3 days of scheduling, or by the due date provided**.

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

1. Surgeon's Fee: It is your responsibility to make your surgery payment on or before the deposit due date. You will receive an email from Phreesia titled *Payment Reminder from Florida Pediatric Associates* after scheduling. You can **click Pay Now** in the email to **make your payment online** or **call the office at 904-398-5437 option 1** with a credit or debit card to **make your payment over the phone**. We accept Visa, MasterCard, Discover and American Express.
2. Facility Fee (Center One Surgery Center, Jacksonville Surgery Center, or Wolfson Children's Hospital): We do not verify benefits or estimate financial responsibility for the facility or anesthesia. **We estimate and collect the surgeon's fee only.** Please contact the facility directly to find out your financial responsibility for these entities. Generally, the facility will collect at the time of service.
3. Anesthesia Fee: Will be billed to you after surgery.

Disclaimer: It is your responsibility to know your insurance benefits, which facilities are covered, and if prior authorization is required for surgery. Any cost quoted prior to your surgery is just an estimate. The final cost can only be determined by your insurance company, after your surgery, based on the insurance coverage and the procedures performed. Our office has verified your insurance benefits and will obtain authorization (if required) as a courtesy to you. Confirmation of benefits and/or authorization is not a guarantee of payment.

Deductible _____ Remaining Deductible _____ Coinsurance _____

Surgical Estimate/Deposit _____ Deposit Due Date _____

Other _____

Patient Name _____ Surgery Date _____

I have read and understand my responsibilities. I agree to the cancellation, rescheduling, and deposit policies and fees as outlined above.

Parent Signature _____ Date _____