



## THE SURGICAL CLINIC FINANCIAL POLICY

Patient Name:

Patient Account:

We would like to thank you for choosing us to provide healthcare to you and your family.

**INSURED PATIENTS:** You must provide Proof of Insurance at your visit. Copays, deductibles and co-insurance are your responsibility. Your appointment may be rescheduled if not paid. If we are Out of Network with your insurance, you may be responsible for higher deductibles, copays, and coinsurance.

**SELF PAY OR UNINSURED PATIENTS:** A \$250.00 deposit toward your office services is required the day of your first appointment at The Surgical Clinic. Your appointment may be rescheduled if not paid. If we are Out of Network with your insurance, you may be considered self-pay.

**ESTIMATE FOR SURGERY:** A \$650.00 deposit will be required prior to your surgery.

A Financial Counselor can provide an estimate to you about the cost of your surgery. This is just an estimate and may not be the final cost.

**VEIN CENTRE, LETT PLASTICS & GARZA PLASTICS:** Ask the Office Manager at these locations for other cash payment arrangements.

**ASSISTANCE:** Ask our Financial Counselor for payment options.

**QUESTIONS?** Call 615-292-5722, Option 1. We will be glad to help you!

**\*\*\* We take Cash, Checks, Money Orders, and all Major Credit Cards\*\*\***