



### Cash Pay Price Policy

**ALL OF PACKAGES INCLUDE:** Surgeons fee, anesthesia fee, Wise Regional Health System fee, Radiology, Psychological Evaluation, Pre-Operative testing and one year of follow up appointments (Bypass and Sleeve patients are required to have lab work at 3, 6, 9, and 12 month follow up appointments. The cost of the labs is NOT included the package price). The facilities offer different discounts that are discussed further at the consultation. Procedures that are offered though our clinic are the Lap Band, Gastric Sleeve and Gastric Bypass, and Hernia Repair.

**MAKE ALL FUNDS PAYABLE TO: Wise Regional Health System**

#### IMPORTANT NOTES:

**Consultation Fee:** There is a \$75.00(*non- refundable*) fee for your first visit with the doctor. This amount will be deducted from the surgeon's fee at the time payment is received in full for your scheduled procedure.

**Cancellation/Reschedule Surgery Fee:** There is a \$250.00 (*non- refundable*) cancellation fee if the patient cancels their scheduled procedure no less than 3 days prior to the scheduled procedure date. You also will be responsible for services received during your pre-op appointment with Wise Regional Health Systems. All rescheduled surgeries are subject to a \$150.00 (*non- refundable*) reschedule fee.

**\*\* The cancellation/reschedule fee applies to all surgeries that are done with Bariatric Solutions/WRHS. \*\***

**Follow-Up Appointment Fee:** There is a \$75.00 fee for follow up appointments that are after your one year procedure anniversary, if you are a Lap Band patient and choose to get an adjustment the same day the cost is \$150.00. Each adjustment appointment will be \$150.00 after you have completed your first year of treatment.

**Financing Administrative Fee:** If financing your procedure through a medical financing company, there will be an add 5% fee to the quoted cost of your procedure.

All payments must be paid at least seven (7) seven days prior the scheduled surgery date. All payments are made in our office with our financial coordinator for all services. Our office accepts cash, credit card, money orders, and cashier's checks.

**DISCLAIMER:** You have elected not to file your procedure on your insurance or have no insurance coverage for this procedure and will be paying cash. By paying cash you will be afforded a cash discount price for your bariatric procedure. If for any reason you decide you would like us to file on your insurance you will negate the cash discount price and the amount assigned to you, by your insurance company, will be your responsibility to include physician, anesthesia, radiology and Wise Regional Health Systems. Any cash payments made by you will be applied toward the balance assigned from your insurance company. If the amount paid is not sufficient you will be responsible for the remaining balance.

The procedure price quoted is limited to the listed procedure. If for any reason complications arise and it becomes necessary for other procedures and/or treatments, any additional charges will be the responsibility of the patient or guarantor.

Patients Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_