

VASECTOMY FINANCIAL POLICY

Urology Specialists, P.C. requires that the patient participate in a vasectomy consultation prior to the procedure. The patient's insurance co-pay will be collected at the vasectomy consultation. Charges for the consultation are \$100. If you are a self pay patient or know that your insurance will not cover a consult for "family planning or sterilization", we will offer you a 20% discount when paid in full at the time of the consultation.

In addition, *Urology Specialists, P.C.* requires a \$100 deposit be paid prior to the scheduling of a vasectomy. This deposit has to be paid at the time of the consultation or when the procedure is scheduled. If for any reason, a patient decides to not have the vasectomy, we will return the deposit if a 48 hour notice is given. The self pay charge for a vasectomy is \$650.

Patient's will be expected to pay their portion of the procedure expense on the day of the vasectomy less the \$100 deposit. Urology Specialists will obtain benefit information and provide the patient with an estimate of their cost for the procedure. Please be aware that this amount is an estimate and is subject to change depending upon the patient's deductible and the insurance company's reimbursement after processing.

Urology Specialists, P.C. requires a 48 hour notice in cancelling a scheduled vasectomy. If 48 hour notice is given, we will refund your deposit completely.

If 48 hour notice is NOT given, your \$100 deposit will NOT be refunded but will be applied as an Administrative fee.

Patient's Signature _____

VASECTOMY CONSENT FOR PROCEDURE

I/We understand that a VASECTOMY is an operative procedure creating an obstruction in the flow of sperm from the testicles and that the purpose of the operation is to render the male sterile (unable to father children).

I/We further understand that the operation may fail to accomplish this purpose or that it may initially be successful and later fail because the tubes grow back together (recanalization).

I/We understand that this procedure is not 100% guaranteed; therefore, it is up to the individual as to whether or not contraception is continued.

With the full understanding of the above, I/we consent to and request the performance of a bilateral vasectomy.

My signature confirms that I have read and understood the above statements.

Patient

Date

Spouse (if applicable)

Date