

## Financial Liability Statement

I understand that I am financially responsible for charges incurred for non-covered services by my insurance company rendered by The Department of surgery and NYU Langone Medical Center, such as Co-insurance, yearly deductibles and insurance referrals/ pre-authorizations when needed.

### Post-Operative visits

Once the surgery is performed I am not responsible for any follow care with-in the first 3 months following the surgery. After the three months my insurance company will be billed and I will be responsible for any balance not covered by my insurance company.

### Cancellation of Surgery

Our staff works diligently to accommodate the needs of our patients and to schedule their surgical procedures in a timely manner. This requires careful planning and coordination among our staff, the hospital facilities, the operating room personnel and the specialized surgical and technical equipment in addition to medical specialist who will be involved in your care (such as the anesthesiologist, etc).

The cancellation of a scheduled procedure results in failure to serve other needy patients as well as the disruption of the schedules in the operating room and other healthcare professionals. If you fail to notify our office within **four business days** of your surgery you will be responsible to pay a \$250.00 cancellation fee.

We, therefore, respectfully request your understanding and cooperation with our cancellation policy.

Patient Name (print): \_\_\_\_\_

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