

ENT and Audiology Center of Southlake

Michael D. Bryan, M.D.

Diplomate of the American Board of Otolaryngology

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Otolaryngology-Head and Neck Surgery

SURGERY SCHEDULING INFORMATION

RESCHEDULING AND CANCELLATION

Please consider your surgical date carefully before scheduling. Your surgery requires the coordination of several providers, including the surgeon, anesthesiologist, facility and possibly a pathologist. Pre-operative and post-operative prescriptions are frequently prescribed. Thus, it is difficult to make last minute changes to a surgery date once it is scheduled. Any surgery that is electively cancelled less than seven (7) days before surgery may not be rescheduled without the surgeon's consent. Except under extenuating circumstances, if a surgery is cancelled two times, it will not be rescheduled.

PREOPERATIVE DEPOSIT

We know you consider many factors in scheduling the timing of your surgery, including the expenses you will incur. Thus, we want you to be aware of our preoperative policy regarding your benefits.

Approximately two weeks before surgery, we will verify your insurance benefits and notify you of the amount of your pre-surgical deposit. If you have a policy with a deductible and/or coinsurance, the preoperative deposit is due seven (7) days before surgery. This deposit is required to proceed with surgery. The surgery will be rescheduled or cancelled if the deposit is not received before surgery.

This deposit is an estimate of what you will owe for your surgery and is not a guarantee of your full financial obligation to the surgeon. Upon final processing of the surgical claim, you will receive an Explanation of Benefits from your insurance company that will provide exact information about the surgical fees. All fees will be determined based upon contractual terms between your insurance company and the surgeon. Based on that contractual settlement, if anything further is owed, you will receive a statement from us. If a refund is due to you, we will promptly send you a check. Pre-op deposits of electively cancelled surgeries will be refunded, less a 5% credit card processing fee, if a credit card was used for payment.

*****PLEASE NOTE: If your employer requires FMLA , or similar forms, to be filled out to excuse you from work, school or other responsibilities, there will be a \$20.00 fee for completing each set of forms. This fee is due when you submit the forms for completion. Please submit these forms to our office as soon as possible, as they take a minimum of 10 business days to complete.**

FINANCIAL INTEREST

Our physicians may refer you to a facility where they have a financial interest. You have the option, at your discretion and without repercussions, to choose another facility for your procedure, assuming your specific surgical needs can be met at another facility. Dr. Bryan has an interest in Texas Pediatric Surgery Center, Harris Methodist Southlake, and Forest Park Medical Center. Dr. Mettman has a financial interest in Harris Methodist Southlake and Forest Park Medical Center. Alternative facilities for your procedure may include Cook Children's Northeast Hospital, Cook Children's Medical Center or Baylor Regional Medical Center at Grapevine.

Patient Name
660 W. Southlake Blvd, # 100
Southlake, TX 76092

Signature of Responsible Party/Relationship



Date

Telephone: 817-416-9731
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