



Procedure Quote

NAME:

DATE:

SURGICAL PROCEDURE: _____

DR. WEINFELD FEE:

SURGICAL CENTER/HOSPITAL O.R. FEE:

IMPLANT FEE (IF APPLICABLE):

ANESTHESIA FEE: _____

GRAND TOTAL:

All fees have been explained to me in full. Deposits to hold a surgery date must be paid within 48 hrs of scheduling. MERIDIAN SURGERY CENTER REQUIRES A \$200 DEPOSIT. Deposits are non-refundable, but applicable to full payment. I understand that full payment is due two weeks prior to surgery. Cancellations seven (7) calendar days or less from the date of surgery will be subject to 90% refund of the physician and facility fees. Quotes are good for six months and are subject to change after that time. If surgical revisions are necessary, facility and anesthesia fees will be due prior to the procedure. If insurance coverage is sought for a portion or all of the procedure, the fees to be paid by you WILL CHANGE due to deductible and copay requirements and may invalidate this quote.

Patient's signature _____ date: _____

Office/Witness signature _____ date: _____