

## **Pacific Gynecology Surgical Group**

2100 Webster Street, Suite 518 San Francisco, CA 94115 Tel: (415) 426-7859

Fax: (415) 426-7805

## SURGERY DEPOSIT AGREEMENT

At **Pacific Gynecology Surgical Group**, we are committed to ensuring that our patients fully understand their financial responsibilities prior to undergoing surgery with **Dr. Kardos**. When we schedule a surgery, we must reserve operating room time at a surgical facility, along with anesthesia services, surgical nurses, and technicians. These resources are coordinated specifically for your procedure and are no longer available to other patients once your surgery is confirmed. Additionally, if a surgery is canceled with insufficient notice, we are unable to offer that time slot to another patient, and our team remains responsible for the unused resources.

To secure your surgery date, a **\$500 deposit** is required at the time your procedure is scheduled and confirmed. This deposit will be applied toward your overall financial responsibility. Approximately **one month prior to your surgery date**, our office will contact your insurance provider to confirm your benefits and determine your estimated out-of-pocket costs. Once your benefits are confirmed, your \$500 deposit will be credited toward your total amount.

We have a **7-day cancellation policy**. If you need to cancel or reschedule your surgery for non medical reasons, we require at least **7 days notice**. Failure to provide proper notice will result in the forfeiture of your deposit, as we are unable to reallocate the reserved time and resources on short notice.

By signing below, you acknowledge that you have read and understand this policy, and agree to the financial terms and cancellation guidelines as described.

Patient Name	Signature
Witness	Date