Thank you for choosing our practice! We are committed to the success of your treatment and care. Please understand that payment of your bill is part of this treatment and care. Dr. Bastidas is not contracted with your insurance plan. However, our office will be happy to see you as an “out of network” patient**. An out of network patient, is an individual who has an insurance that does not include J Augusto Bastidas M.D as a participating provider**.

For our out of network patient’s we require a deposit to be paid each time a service is rendered. We will bill your insurance for the balance. In some cases your insurance company will send reimbursement to you directly. Please be advised monies are payment for services performed by Dr. Bastidas and therefore should be endorsed and sent to our office. Failure to forward payment from insurance will result in referral to an outside collection agency.

**Office deposit fee:**

**New patient routine office visit $150.00**

**New patient comprehensive or cancer consult $300.00**

**Follow up office visit $100.00**

Surgery fees vary depending upon the procedure. A minimum deposit is required to schedule surgery. Please note surgical fees/charges on behalf of Augusto Bastidas M.D are not inclusive of anesthesia or facility fees. A reasonable estimate of surgical fee can be given prior to surgery.

**Surgery deposit fee:**

**Surgery scheduled less than 2 hours $1000.00**

**Surgery scheduled greater than 2 hours $2000.00**

I have read and understand that I am responsible for payment of the above deposit fees. I am aware that **I am responsible for resolving any disputes or issues with my insurance carrier regarding deductibles, co-payment, and reimbursements on covered charges. I have read and accept the financial policy above regarding the deposit fees/charges.**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_