



SALISBURY URO SURGERY CENTER, L.L.C.

CONSULTATION BY APPOINTMENT

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RE: INSURANCE VERIFICATION AND CANCELLATION POLICY

OUR INSURANCE DEPARTMENT WILL VERIFY INSURANCE COVERAGE AND NOTIFY YOU OF THE PORTION THAT YOU WILL BE EXPECTED TO PAY IN ADVANCE. THIS PAYMENT MUST BE PAID ONE (1) WEEK PRIOR TO THE SURGERY. WE WILL NOT ACCEPT PERSONAL CHECKS FOR THIS AMOUNT. WE DO HOWEVER TAKE VISA OR MASTERCARD, MONEY ORDERS OR CASH.

IF YOU DECIDE TO CANCEL THIS SURGERY, WE REQUIRE 48 HOURS NOTICE, OR YOU WILL BE SUBJECT TO A MINIMUM \$50 CHARGE.

THANK YOU.

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