

RODNEY Z. WONG, M.D.

Orthopedic Surgery & Sports Medicine

Acknowledgement of Procedure Cancellation Policy

Dear patient:

At Dr. Rodney Z. Wong's request, I will be working with you to select the best time to schedule your procedure.

I will like you to be aware that the scheduling process for your procedure involves coordinating the schedules of Dr. Wong, the procedure room, the assistant, and the necessary staff, as well as acquiring authorization from your insurance (which could involve several calls, faxes and /or emails).

Due to all the steps that are involved, we will need a few days, (weeks for more complex procedures) to schedule your procedure.

In the absence of adequate notice, cancellations result in a waste of key resources as it is often not possible to schedule another case in the same time slot without adequate notice. For this reason, you will be asked to sign a statement acknowledging your understanding and acceptance of our cancellation policy. This policy stipulates (apart from exceptional circumstances) that if you cancel/reschedule your procedure with less than ten business day notice or fail to keep your appointment, your account will be charged a \$300.00 fee. If you cancel your procedure with more than ten business day notice no charge will be applied.

Thank you for your consideration.

Rodney Z. Wong, M.D.

Patient Name: _____ Date and time of procedure: _____

I have read and understand Dr. Rodney Z. Wong's procedure cancellation policy, which stipulates (apart from exceptional circumstances) that if I cancel or re-schedule my procedure with less than a 2 week notice or fail to keep the procedure appointment, my patient account will be charged a cancellation fee of \$300.00 and I will be responsible to pay this fee.

Patient/Guardian Signature

Date

Office Representative Signature

Date