



GREENVILLE EAR, NOSE, & THROAT ASSOCIATES

Surgery Cancellation Policy

Our goal is to provide medical care in a timely and efficient manner. To ensure that we can accommodate all patients in need of care, we have implemented a surgery cancellation policy.

Due to the nature of surgical procedures, a specific day and time are reserved exclusively for each patient. This requires coordination of the surgeon's schedule, operating room time, anesthesia, and hospital or surgery center staff.

If you fail to appear for your scheduled surgery or do not provide at least **three business days' notice** to cancel or reschedule, a **\$250 cancellation fee** will be charged.

Please contact our office **no later than 12:00 p.m. three (3) business days prior to your scheduled surgery** if you need to cancel or reschedule. You may reach us at **864-572-7001**.

These charges are **not billable to insurance** and are the sole responsibility of the patient. The cancellation fee must be **paid in full prior to rescheduling** your surgery.

Please note that your surgeon has ownership interest in Millenium Surgery Center where your surgery may be performed. Patients have the right to choose their healthcare provider and facility. If you would like information about alternative facilities, please speak with your surgery scheduler.

Exceptions:

This fee will **not apply** if your surgery is cancelled or rescheduled by the **hospital, surgery center, or our office** due to facility availability, physician emergencies, or other circumstances beyond the patient's control

Patient Acknowledgment

I have read and understand the above Surgery Cancellation Policy. I agree to comply with the terms outlined and understand that failure to do so will result in a **\$250 cancellation fee**.

Patient Name: _____ **Patient Date of Birth:** _____

Patient Signature: _____ **Date:** _____