



Procedure Cancellation Policy

Please understand that your surgery appointment is not a routine office appointment, Dr. Catalano has arranged to have the necessary staff/equipment/surgical set up available for your procedure. The cancellation policy is set in place to cover the general overhead cost of staffing and supplies. Please note that if you cancel your procedure without following the above cancellation policy guidelines, you will need to pay your cancellation fee in full **prior** to our office re-scheduling your procedure.

A 10% fee of your total procedure estimate, or a \$350 minimum (whichever is greater) will be charged if:

1. You do not follow **all** the pre-operative instructions given to you/found on our website/given verbally by Dr. Catalano and/or Staff
2. You do not **CALL** our office via telephone (303) 768-8222 to cancel/re-schedule at least 48 business hours **prior** to your procedure check in time
3. You do not show up for your procedure
4. You are more than 10 minutes later than your given check in time
5. Payment has not been received for your estimated patient portion due at the time of check in

COVID-19 & Other Medical Related Cancellations- Your health and preventing the spread of Covid-19 are of the utmost importance to our practice. If you are sick, have been exposed or test positive with COVID-19 we want you to re-schedule without penalty. It is possible, depending on the circumstance that we may require supporting documentation to verify your illness. This may include COVID test results and or doctor visit documentation/verification.

Please initial here that you have read and agree to the above policy: _____

We do not accept cancellations via our answering service, email or our third-party text messaging/reminder service.

Cancellations must be made during our normal business hours below:

Monday: Hours May Vary (usually 9:30-3)
Tuesday: 9:00 am-5:00 pm (closed from 1-2)
Wednesday: 9:00 am-5:00 pm (closed from 1-2)
Thursday: 9:00 am-5:00 pm (closed from 1-2)
Friday: Hours May Vary (usually 8:30 am-2)

Patient/Guardian Signature: _____ Date: _____

Thank you for your understanding and consideration of others, Dr. Catalano & Staff