

Dr. Stein and Staff:

I understand that I will have a vasectomy reversal in your office on _____. I have reviewed the information in your three-page vasectomy reversal handout, including the instructions to be followed before and after reversal.

_____ Enclosed is a check deposit of \$950.00 made out to VasWeb, P.A.

_____ Consider this authorization to obtain a deposit of \$950.00 from my credit card account.
(VISA and MasterCard only)

Credit card: _____ Card number: _____

Name on card: _____ Exp. date: _____

Security code number: _____ Billing zip code: _____

I understand that if you do not receive this deposit by _____, I may lose the date above for my reversal, but may reschedule for a later date. I also understand that if I cancel or postpone my appointment more than 28 calendar days prior to this date, \$850.00 will be refunded or credited. If I cancel or postpone (for any reason other than M.D.-documented illness of myself, not a family member) within 28 calendar days of this date, I will forfeit the deposit. I understand the total fee for this reversal (consult and procedure) is \$6000.00 and that this overrides any other price information (outdated) that I may have received or read elsewhere. If there is a fee increase between the time I sign this agreement and the time I have my procedure I will only be responsible for the \$6000.00. If I postpone or cancel and later reschedule, I will be responsible for the new fee. I agree to let you know well in advance of the procedure if I will be involving my insurance carrier, since I understand that, if you are a contracted provider with my carrier and if this procedure would be covered, you would not perform this procedure in your office.

Signed (Patient): _____

Print name: _____

Instructions:

Print the form and sign it. Then ...

1. Mail it with check or credit card info to 288 Crystal Grove Blvd.; Lutz, FL 33548, OR
2. Enter credit card info and fax it to 813-536-1432, OR
3. Enter credit card info, scan it, and email it to steinmail@vasweb.com, OR
4. If you don't want to transmit credit card info by mail or fax or email, call our office at 813-536-1430 with your card information. We will still need the signed agreement, sent by one of the 3 methods above.

Thank you.