



**WOMEN'S EXECUTIVE HEALTHCARE, P.C.**  
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### **Surgery Cancellation Agreement**

Scheduling of your surgical procedure requires a coordinated effort of multiple people beginning with your doctor and including his nursing and administrative staff. Evaluation at the surgery center or hospital by administrative, nursing, and anesthesia staff is also a time consuming and expensive period. Authorization by your insurance carrier must be obtained and the appropriate hardware for your operation must be ordered and made available for the time of your surgery. A tremendous amount of work take place in preparation for your operation.

Some patients often have to wait several months for their surgeries because space in the operating room is limited. Many of these patients would like to have their surgeries moved to a closer date if possible.

Cancellation of surgery is sometimes unavoidable due to medical problems or significant conflicts, which cannot be avoided. These cancellations, however, can result in unused operative time. Potentially productive time by the physician goes unused despite the tremendous amount of work required in preparation for that particular operation. Other patients who could have benefited from that operative time cannot do so unless ample notice is given to them.

Therefore, a minimum of 72 hours (3 business days) notification is required for surgery cancellation. This allows the physician and their staff time to fill the slot with another patient. If you must cancel your operation, please call our office 757-592-9600 an ask to speak with your physician's nurse.

Failure to notify us of cancellation in the required time will result in a charge of \$150.00. This will be posted to your account.

Exceptions to this policy will be made only for emergencies and conflicts beyond your control.

**I have read this policy and understand that cancellation of my surgery may result in a fee of \$150.00.**

\_\_\_\_\_  
Patient Signature /Date

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Office Signature/Date

\_\_\_\_\_  
Office Staff Printed Name