



Circumcision Policy 2018

Welcome to our clinic and congratulations on your pregnancy! This is a letter to formally inform you about our circumcision policy. This policy applies to all patients regardless of insurance type. **Our policy is that we must collect our procedure fee for circumcision before you deliver your baby. The fee is \$335.00.** The fee must be paid in office during office hours. We cannot and will not collect this fee after hours or on weekends in the hospital. As a consequence, **if the fee is not paid prior to delivery, the circumcision cannot be performed in the hospital prior to the baby being discharged to home.** The alternative is to have the procedure performed in the office and the time limit is up to 30 days after delivery or less than 10 pounds. **There will be cases where the procedure cannot be performed in the hospital or in the office because of the baby's anatomy.**

For private insurance patients, including TRICARE, **the circumcision fee is a deposit.** That means that **if and when your insurance reimburses our office for the procedure the full deposit will be returned to you.** The reason a deposit is required is that our office cannot bill your insurance until you obtain both a social security number and valid medical insurance (i.e. insurance that covers circumcisions) on your child. For a number of reasons, too numerous to list, patients often don't follow through with these obligations and we are therefore unable to bill insurance for the procedure. If after **90 days** from delivery we have not received proof of insurance on the baby then the deposit is forfeited.

For **TRICARE** patients, specifically, a \$100.00 deposit is required, it is very important that the circumcision be performed in the hospital while the baby is admitted. TRICARE does not reimburse for this procedure when performed in the office. Therefore, if prepayment for the circumcision is delayed until after delivery and the procedure must be done in the office, the fee will be **\$335.00** for services and **not a refundable deposit**.

(Printed Name of Patient)

(Signature of Patient)

(Printed Name of Witness)

(Signature of Witness)