



413 Owen Drive Suite 101
Fayetteville NC 28304
910-480-4880

CIRCUMCISION CONTRACT

It is the policy of this office that all patients be given an estimation of total global charges and the amount of deductibles and coinsurances as verified by your insurance company. In the event that through your ultrasound you find out you are having a boy you will be asked to prepay \$335.00 for the circumcision if this procedure is not covered by your insurance company. We ask that all payments be complete by the seventh month of pregnancy. Your individual estimation is listed below.

Circumcision	\$335.00
Total Estimated Amount	_____
Deductible	_____
Coinsurance	_____
Amount due before the seventh month of pregnancy	_____

Payments are to be made at each scheduled appointment.

I agree to abide by this agreement and I also agree to pay for any services not covered in the global services.

Signature _____
Date _____
Witness _____ Date _____