

The Microsurgical Center
John S. Gatewood, M.D.
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1-888-702-BABY (2229) Fax (941) 739-8528

Deposit Agreement

A \$1500 deposit is required to reserve your surgical date. This payment is **non-refundable**. It is, however, considered to be part of your total fee for surgery. The reason for this agreement is that Dr. Gatewood performs one vasectomy reversal per day. Most of our patients come from out of town and have put a great deal of time into planning their surgical date including travel, lodging, time off work and child care. Therefore it is very difficult to fill a surgical date on short notice.

By making this deposit I understand and agree to the following terms:

1. Once I am found to be medically suitable/cleared for surgery and placed on the surgery schedule, the \$1500 deposit will be required.
2. The \$1500 deposit is required to reserve your surgical date.
3. It does not guarantee the provision of future medical treatment; it merely reserves a date and time.
4. The deposit will **not** be refunded if I cancel surgery or fail to show up for my appointment at the scheduled time.
5. The surgical fee quote will be honored for 6 months from the time the deposit is paid.

Date of Surgery: _____ Surgical Fee: _____

Signature of Patient

Printed Name of Patient

Date