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SURGERY POLICY AND PRICES

Procedure: _____ Date: _____
Procedure: _____ Date: _____

Insurance

- Co-insurance/ Patient responsibility/Co-Payment: \$ _____
Co-insurance quote is an estimate.
Bill Balance: \$ _____

Self Pay

- Endovenous Closure: \$ _____
Endovenous Closure cost is for one leg only if not specified.
Phlebectomy: \$ _____
Procedure Sub-Total: \$ _____ ! Procedures Total: \$ _____

This self-pay price includes a two-day post operation ultrasound and a one-month follow-up ultrasound. Procedures total applies if patient is having more than one procedure.

- Compression stockings: \$ 40.00
You will be required to purchase Compression stockings, which must be worn two days after surgery, for two weeks.
Cancellation Fee: \$200.00
You will be billed only if you fail to cancel 48 hours prior to surgery date.

I received a copy of patient before and after instruction sheet.

Initials

Patient's signature Witness signature Date
Print Patient's name Print Witness name