



Palouse Heart Center
Palouse Pediatrics
Palouse Psychiatry & Behavioral Health
Palouse Pulmonology & Sleep Medicine
Pullman Family Medicine
Palouse Health Center

Circumcision Payment and Financial Agreement

Routine circumcision is an elective surgical procedure. Therefore, as a parent you must decide if you want this procedure for your child.

Many insurance companies including **Idaho and Washington Medicaid will not reimburse for routine circumcision.** Insurance companies that do cover this procedure will often apply the circumcision cost to the patient's surgical deductible.

Total cost for a circumcision is \$ _____

Before your child's circumcision, our office will contact your insurance company for benefits and any prior authorization requirements. We recommend you do the same. It is important you are aware and understand your child's medical benefits and what dollar amount will be your responsibility. The final cost to you is determined by how your insurance company pays for the procedure. If insurance pays for any portion of the circumcision procedure the 20% discount does not apply. Please be aware, benefits given by your insurance company are **not a guarantee of payment.**

By signing below you understand that the circumcision is an elective surgical procedure.

Parent's Signature: _____ Date: _____

Print Parent's name: _____

Witness Signature (employee): _____

Patient's name: _____ Patient's DOB: _____

Phone Number: _____

Date circumcision is scheduled: _____ with Dr. _____

Insurance Plan: _____

Insurance Policy Holder's Name: _____ DOB: _____

Insurance Identification Number: _____ Group #: _____

Date verified: _____ Reference Number: _____ Name of Representative: _____

Covered benefit? : Yes or No Deductible met? Yes or No Patient's deductible: \$ _____

How much of deductible has been met? \$ _____ Amount to collect: \$ _____

Date Parent Notified: _____ Staff Initials & Date: _____

Staff Notes: