

Baby Boy Circumcision

Due to difficulties in obtaining reimbursement for circumcisions, we will now require that all circumcisions be paid for by the patient (\$575.00). If you have insurance coverage, we will file claim.

Please see our business office with any questions.

Thank you for your cooperation.

Patient Name: _____

Patient Account #: _____

Expected Date of Delivery: _____

Credit Card #: _____ Exp. Date: _____

CVC: _____

Card Holder's Signature: _____