

VasWeb Reversal Deposit Agreement

Dr. Samplaski and Staff:

I understand that I will have a vasectomy reversal in your office on _____.
I have reviewed the information in your three-page vasectomy reversal handout,
including the instructions to be followed before and after reversal.

X I have called the office (813-536-1430) to pay a deposit of \$950.00 from my **VISA or MasterCard**.

I understand that if I cancel or postpone my appointment more than 28 calendar days prior to this date, \$850.00 will be refunded or credited. If I cancel or postpone (for any reason other than M.D.-documented illness of myself, not a family member) within 28 calendar days of this date, I will forfeit the deposit. I understand the total fee for the reversal procedure is \$6900 if two sides are connected, \$3925 if only one side is connected. I agree to let you know well in advance of the procedure if I will be involving my insurance carrier, since I understand that, if you are a contracted provider with my carrier and if this procedure is covered, you would not perform this procedure in your office.

Signed: _____ Date: _____

Print name: _____

Instructions:

Print the form and sign it. Then ...

1. Take a photo of it and email the photo to heather@vasweb.com, OR
2. Fax it to 813-536-1432, OR
3. Scan it and email it to heather@vasweb.com.

Thank you.