

Jersey Anesthesia & Pain Management Consultants, LLC
940 Amboy Avenue, Suite 104-A
Edison, NJ 08837

Procedure Cancellation Policy

I am fully aware that I will be made responsible for a \$500 (Five Hundred Dollar) fee out of my own personal pocket for the cancellation or rescheduling of any type of procedure without giving Jersey Anesthesia and Pain Management Consultants, LLC and the surgery center where the procedure was scheduled forty-eight (48) hours notice.

Jersey Anesthesia & Pain Management Consultants, LLC reserves the right to send a bill on behalf of the surgery center involved for the time booked and not cancelled within the forty-eight hours.

By signing below, I indicate my understanding and agreement to the above

Signature: _____

Date: _____