



THE VAS CLINIC

John A. Bisson, M.D.

64 Colchester Avenue
Burlington, Vermont
05401

Urologist
(802) 863-0107
Fax (802) 658-9292

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____
(street) (city) (state) (zip)

PHONE: _____ REFERRING DR: _____

SSN: _____ MARITAL STATUS: M S D W

EMPLOYER: _____ PHONE: _____

SPOUSE'S NAME: _____ WORK #: _____

PATIENT RESPONSIBILITY STATEMENT

The fee for this procedure is \$975.00, unless otherwise agreed upon per our sliding fee scale for patients without insurance coverage. This fee includes the initial consultation and the follow-up semen analysis. Managed care patients will be responsible for co-payments on the day of the consultation. The fee for the procedure is guaranteed to remain in effect for three months. If the procedure is performed after that time, you will be charged at the current rate. If you elect not to make an appointment for the procedure, there will still be an \$85.00 charge for today's visit.

I have read the financial responsibility statement and will pay at the time of the consult and procedure, \$85.00 and \$890.00 respectively by:

___ CASH ___ CHECK ___ CREDIT CARD ___ INSURANCE

The information I have given is complete and correct. I hereby authorize The VAS Clinic to release any necessary medical information and/or medical records required by my health insurance program for determining benefits or settling claims. I request any payment of health insurance benefits be made directly to The VAS Clinic. **I understand that I am responsible for any deductibles, co-payments, co-insurances or non-covered services.**

Where did you hear about Dr. Bisson/Vas Clinic?

- Friend/work mate
- Telephone book
- Internet
 - Vasectomy.com
 - Other: _____
- Sign out front
- Physician's office/Wife's physician: _____
- Other: _____

Patient Signature

Date