



Quinten M. VanderWerf, M.D., F.A.C.S.
Christopher M. Walz, M.D., F.A.C.S.
Mark D. Wilson, M.D., F.A.A.O.A.
Kari Moeller, M.S., FNP-BC
Mark Dome, M.M.S., P.A.

Dear Patient:

Your physician has requested that surgery be scheduled for you. Our office is dedicated to providing the highest quality of individualized care for our patients. We want to make your upcoming surgery experience as pleasant and as comfortable as possible. To ensure that your surgery is a successful experience, please read the following information:

- **Initial Contact:** The surgery coordinator will contact you within 48-72 hours of your office visit to secure a surgery date and discuss what is required for your upcoming surgery (*i.e. testing, medical clearance etc.*). If you prefer, you can also always call, text or email us at any time. You will be asked to come in to sign consent forms and go over the surgery instructions once your surgery date has been established.

Karen Ganan, Surgery Coordinator
Phone: (760) 340-6837
Text: 760-387-1796
Fax: (760) 834-6372
Email: kganan@desertent.org

Email or text are preferred methods of communication.

The physicians at Desert Ear, Nose, & Throat have designated days of the week that they perform surgery:

Dr. Quinten VanderWerf on Mondays
Dr. Mark D. Wilson on the 2nd and 4th Tuesdays of the month
Dr. Christopher Walz on the 2nd, 3rd and 4th Wednesdays of the month

- **Surgery Authorization:** If required, we will be submitting authorization to your insurance company. On average, it can take between 7 – 10 business days for your insurance to respond.
- **Surgery Deposit:** There may be a surgery deposit required depending on your insurance plan. Please be prepared to pay your surgery deposit or any cosmetic fees that may be owed at your pre-op appointment. Any balances owed to Desert ENT from previous visits/exams will need to be settled prior to your surgery; *this is separate from your surgery deposit.*
- **Other Costs/Fees:** Outside of your surgeon's fee/deposit, there may be other financial responsibilities such as operating room, pathology, anesthesia, lab work and/or radiology cost or fees. *We have no access or knowledge of exactly what these fees will be, we can only inform you of your surgeons' fee. It is ultimately your responsibility to understand your insurance policy and call your insurance company to determine approximate total out of pocket costs.*
- **Cancellation Policy:** If you must cancel your surgery, please call our office as soon as possible. A *non-refundable cancellation fee of \$250.00 will be charged to you if you do not cancel 7 business days prior to your surgery.*
- **Disability Forms:** There is a \$35.00 fee for each form request to be filled out for your employer, state disability or any other paperwork that may be needed. *Payment is due upon request.*