

Patient Agreement Form

Please initial each highlighted area:

It is especially important that this packet and the medical questionnaire are read and filled out completely and correctly.

This information enables Dr. Luis Cervantes to prepare for your surgery and schedule the necessary preoperative test.

If additional information is required, our office will contact you. Initials: (\_\_\_\_)

If you have entered inaccurate information on this document or the medical questionnaire, Dr. Luis Cervantes may cancel your surgery, and this will result in the loss of your deposit. If you have intentionally entered inaccurate or withheld information on your health questionnaire that is discovered by your surgeon while attempting to perform surgery, this may result in the loss of the entire amount paid (deposit). Initials: (\_\_\_\_)

**Travel Tips:** Your return date given is an approximate date. If possible, it's best to purchase an airline ticket without restrictions in the event the doctor would like to monitor your condition longer than usual. Initials: (\_\_\_\_)

Travel light. Your stay will involve 48 to 72 hours at the hospital and an additional 24 hours more at the Hotel (depending upon which surgery you are having). Don't forget to pack personal or feminine hygiene products (toothbrush, paste, shampoo, etc.), robe, pajamas, sandals and slippers. Dress for comfort. Loose clothing is best. Initials: (\_\_\_\_)

It is best to leave jewelry and other valuables at home. If you come alone and bring a laptop or tablet, you may ask your advocate to lock it in the office for you while you are in surgery. You won't need a large amount of cash. The only reason you may need cash is for personal items, shopping, tipping hotel staff, tipping your driver and your patient advocate. Most of everything else will be provided for you. Initials: (\_\_\_\_)

**Travel Documents:** All U.S. citizens must show proof of identity and proof of U.S. citizenship when entering the United States from Mexico. You must have a valid I.D. issued by the United States of America Government such as a Valid International Passport, or U.S. Passport Card or a trusted traveler card such as NEXUS, SENTRI or FAST, additionally, a certified copy of US birth certificate and driver's license may be presented. Initials: ( \_\_\_\_\_ )

Other document options are listed on the website: <http://cbp.gov/xp/cgov/travel/> .

**Arrival/Departure Information:** *Your flight itinerary should be e-mailed or text to your coordinator.*

You will be flying into San Diego Airport. Airport Code: SAN

Arriving in San Diego: For SAME DAY SURGERY please have your flights arriving in San Diego between 8:30am-10:00am.

If you cannot find flights during the same day surgery arrival time frame, you may elect to arrive in San Diego the day before between 8:30am-7:00pm.

Should your flight arrive after 7:00pm there will be an extra charge of \$70.00 that must be paid to the driver directly.

Departing Tijuana/San Diego: Please schedule your departing flight out of San Diego after 2:00pm to assure you have enough time at the border returning to the US. There is also the possibility of a driver being sent to secondary inspection. This is a random check that the border security does and because it is random, we cannot predict this. Initials: ( \_\_\_\_\_ )

**Travel Itinerary:**

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Flight #: \_\_\_\_\_ Airline: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Flight #: \_\_\_\_\_ Airline: \_\_\_\_\_

**Accommodations:**

If you would like to stay an additional night, or book an additional room, please let us know as we have a special rate of \$100 per night available for you. If another person will be accompanying you and not staying with you in the hospital, that person will be responsible for the cost of their hotel accommodations (at our special rate) during your stay in the hospital. Initials: ( \_\_\_\_\_ )

Fees stated do not include personal items or needs of the client's travel companion. We suggest you bring a small amount of cash for items for yourself or your travel companion. You may also want to bring cash for shopping or tipping of bell persons or drivers, at your discretion. We are not responsible for lost, misplaced or stolen items or cash. You agree that you are solely responsible for your own items and cash. Initials: ( \_\_\_\_\_ )

**Procedure Surgery Prices and Fees:** The total cost for Gastric Sleeve is \$4,300, for Gastric Bypass is \$6000 and for the Mini Gastric Bypass is \$5,500 US dollars with Dr. Cervantes Bariatric. If your BMI is between 49-59 there is an additional fee of \$500 Dollars; if your BMI is between 60-69 you will pay the additional fee of \$1,000 Dollars; If your BMI is 70 or over you will pay an additional \$1,500 Dollars. An additional fee is also charged for patients that have had a previous weight loss surgery of 1,000 dollars. Additional charges may also apply for patients with certain medical conditions, for example: If additional procedures are requested, such as gallbladder removal \$600 dollars will apply, or if it is necessary to repair a Hiatal Hernia \$600 dollars will apply. An 8% additional fee is required for Credit Card. HSA Cards are NOT accepted.

Initials: ( \_\_\_\_\_ )

**Deposits:** A deposit of \$500 (U.S. Dollars) must be received within 6 days of scheduling your surgery date. The deposit amount cannot be financed. Deposit payments should be made payable to: Dr. Luis Humberto Cervantes Orozco.

Due to the surgery preparations cost (hotel reservation, transportation, OR time and hospital space) and in fairness to other patients your deposit is nonrefundable if surgery is cancelled for any reason 21 days prior to your surgery date, however it can be moved to a new date prior. Surgery dates that are cancelled 10 or less days prior to surgery will result in the loss of \$500 of the deposit. Surgery cancellations within 2 days of surgery will result in a \$1,000 cancellation fee PLUS loss of complete deposit. All further requests for refunds will be for good cause as determined by and at the discretion of management. Initials: ( \_\_\_\_\_ )

If surgery is cancelled due to the failure of the patient to follow pre-operative instructions given by a member of the medical staff, this may result in the loss of the full amount of the surgery. Initials: ( \_\_\_\_\_ )

If the surgeon determines that surgery must be postponed due to a medical condition discovered during the patient's pre-operative studies, any unused portion of the deposit will be applied to a future surgery. If it is medically determined that the patient cannot safely be scheduled for a future surgery date any unused amount of the deposit will be refunded to the patient. Initials: ( \_\_\_\_\_ )

### **Balance of payment and Payment Methods**

You have until the day of your surgery to pay the remaining balance. Payments may be directly deposited into one of our bank accounts, via wire transfer or via ZELLE app. Please send a copy of your deposit receipt to your coordinator to ensure proper credit. If you plan to finance any portion of the surgery, please ensure all necessary loan documents have been completed and our office has received the completed documents from the finance company at least 7 days prior to your arrival. Please make out the cashier's check for deposit of final payment to: Dr. Luis Humberto Cervantes Orozco. Please send a copy of final payment check to us to ensure the check has the correct name. Final payments may also be made in person by Cash (US Dollar). VISA, MasterCard, American Express or Discover may be used in person and are assessed an additional 8% fee for credit card payments).

Initials: ( \_\_\_\_\_ )

**COVID19 DISCLOSURE**

You hereby accept and understand that by having surgery during the time of the COVID19 Pandemic you may become or are a higher risk for infection from this disease either due to the fact that you have travelled for surgery or just the fact that you are having surgery and you may become infected with the virus. By signing this consent for surgery, you are agreeing to have surgery and hereby attest that you have been informed either verbally or in writing at the discretion of the doctor, of all of the risks involved with having surgery during the COVID19 pandemic and unequivocally accept all of these risks of having an elective surgery during this pandemic. *Initials:* ( \_\_\_\_\_ )

**Medical Questions:** Patients may request a copy of lab or other pre-operative test results before returning home. The labs or other facilities sometimes destroy test results after the patient has returned home making it impossible to request the information later. *Initials:* ( \_\_\_\_\_ )

**Special Considerations:**

Patient: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_

Surgery Date: \_\_\_\_\_

Surgical Procedure(s): \_\_\_\_\_

**Initial if Applicable:**

Initials: ( \_\_\_\_\_ ) I will have a support person accompanying me.

Initials: ( \_\_\_\_\_ ) I have not smoked for 4 weeks.

Initials: ( \_\_\_\_\_ ) I have discontinued all herbal remedies, Vitamins, Aspirin, Ibuprofen, Motrin, baby aspirin and any medication as recommended by the doctor for 7 days.

Initials: ( \_\_\_\_\_ ) I certify my weight to be true and accurate to the best of my knowledge.

Initials: ( \_\_\_\_\_ ) I will strictly follow my pre-operative diet as instructed.

Initials: ( \_\_\_\_\_ ) I have scheduled my flight itineraries according to the shuttle times as described in this form.

I have read and understand the following:

I am aware that all surgeries carry potential risks and complications, including but not limited to unsuccessful results, injury or even death. I am not relying on any statement or promises made or implied by Dr. Luis Humberto Cervantes Orozco and its employees and agents. I understand that the coordinators are not medical doctors or medical personnel. My decision to have this procedure performed is based on my own research and advice received from my physician. I also understand and agree that I will discuss my procedure with my surgeon prior to the surgery. It is always my choice to proceed with the surgery, and I may cancel it at anytime. No guarantees have been made to me that this procedure will improve my condition or result in weight loss. *Initials:* ( \_\_\_\_\_ )

I agree to indemnify, hold harmless and release Dr. Luis Humberto Cervantes Orozco, and its owners, officers, employees, and agents from any and all liability, claims, losses, and damages relating to my surgery and/or my travel to and from Mexico. I understand and agree that by signing this document the exclusive legal venue for any disputes, claims, relating to or regarding my surgery, medical liability, and doctor's fee will be the Mexican Judicial System and I expressly consent to jurisdiction in Mexico and waive all rights to file any claim or legal action in the United States. *Initials:* ( \_\_\_\_\_ )

Please review this document carefully, and sign that you have read the above information regarding your procedure and email this form signed and completed to your coordinator. Having read this form in its entirety, my signature below acknowledges that I agree with and understand all of the statements and materials contained and set forth within this document. I am aware of the many risks of surgery, especially weight loss surgery, and fully understand them and accept these risks.

Patient's Signature \_\_\_\_\_

Patient's name (Please print) \_\_\_\_\_

Date \_\_\_\_\_