**POLICY/PROTOCOL PAYMENT AGREEMENTS**

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**From:** Jerry Orloff

**Sent:** Wednesday, July 22, 2015 8:11 AM  
**To:** ASC Receptionists, Billing Supervisor, Billing Posting Clerk, ASC DON; Front Office

In the case of a cataract surgery please speak with me, or in my absence, contact Louise.  Please do not authorize payment arrangements in the absence of approval from one of us.