

**Dear Patient;**

We would like to inform you of three new policies that will be effective immediately.

**No-show policy**

If you are unable to keep your scheduled appointment, please notify us at least 24 hours in advance so we can accommodate our other patients. You may also reschedule your appointment at that time.

Our no-show policy is as follows: a 24-hour notice is required. The first no-show appointment you will receive a phone call to remind you of the missed appointment and to reschedule you. The second no-show you (not your insurance company) will be charged \$50 for the time slot we were not able to fill when you were a no-show. On the third no-show, it will be the physician's discretion as to whether a discharge letter will be sent out disengaging you from the practice and giving you 30 days to enroll with a new Obstetrician/Gynecologist physician.

**Co-Payment**

This is patient responsibility per your insurance and will be collected at time of service. If you are unable to pay and we need to bill you, we will add on a billing charge of \$10.00.

**Medical record policy/forms**

Each patient has a complete record of all medical care received at our office. Your personal medical record provides a history of treatment, medication, and diagnostic information that enables your health care team to make comprehensive medical evaluations. We consider your record to be confidential. Therefore, information will not be released without your written consent, unless required so by law. Copies of your medical record will be released to you or transferred to another physician upon written request. There will be a copying fee for this service. The completion of forms by the physician and his/her staff will be \$25 - \$50. (Workman's compensation and disability forms, etc.)

**Payment Policy**

Effective August 1, 2007, the Women's Center for Health will begin to charge your account \$35.00 if we receive a payment return indicating non-sufficient funds.

**Gardasil Policy**

Effective September 1, 2008, our office policy for administering this series of injections is that we will contact your insurance company for benefits before starting the series. Our coordinator will then contact you regarding benefits and payment policy.

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I \_\_\_\_\_ have reviewed the above new policy.

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**Signature**

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**Date**