

Thank you for selecting us to provide your Obstetric or Gynecologic care. Your medical records are always kept confidential and will not be disclosed without your written permission. If the patient is a minor, for any results to be released to the patient's parents, the patient must sign an Authorization for Release of Information form.

Our office hours are Monday through Friday from 8 - 5 p.m. After 5 p.m. on weekdays, on weekends, and holidays an answering service is available to reach the physician for emergencies.

Patient responsibilities:

- If you are unable to keep your scheduled appointment, notify our office 24 hrs. in advance.
- If you are ten (10) minutes late, your appointment will be rescheduled.
- Please notify our office immediately of any changes in your insurance, address, phone number, etc.
- If we are in network providers with your insurance plan, you will be asked to pay your deductible or co-pay at the time of service. If we are not a provider for your insurance, we expect payment in full at the time of service.
- You are responsible to know how your insurance plan works. If you have any questions about your insurance coverage before your appointment, please call your insurance company or our office. **You must present your insurance card at every visit or secure your appointment with payment at the time of service.**

Policies:

- When ultrasounds are performed by our facility they will be read by a physician within 48 hrs. and a nurse will notify the patient of the results within one week.
- Normal test results will be mailed to you unless you have a return appointment. Any abnormal results will be called to you as soon as our office processes them.
- All prescriptions and authorizations must be requested during normal office hours.

Fee not covered by insurance:

- Failure to give 24 hours' notice of cancellations or failure to keep a scheduled appointment - \$35.00
- Prescriptions that need to be rewritten, for any reason, and/or called or faxed due to insurance requirements - \$10.00
- Non-sufficient funds returned check fee - \$27.50.

We are glad you have chosen us to provide your care.