

**ROCKVILLE GYNECOLOGY**

**OFFICE POLICIES**

**Revised 8/15/19**

Cancelled appointment within 24 hours of appointment time: **\$50.00 fee**

No-Show for appointment: **\$50.00 fee**

Surgery cancellation within seven days of scheduled surgery date: **\$200.00 fee**

Forms or letters not pertaining to the office: **\$25.00 fee**

Contacting the on call physician for non-emergency matter(s) after business hours: **\$75.00 fee**

All patients must have a credit card on file. (See Financial Policy)

Due to the number of portal messages being sent daily, you may be subject to a fee of **\$20.00** if more than two portal messages are sent per month (despite having received a message back and/or being advised to make an appointment to address your concerns).

If you have a credit on your account, it will be applied to your next charge. If you would prefer to have it refunded to you, please let the office manager know.

We have only female providers-because of this, we do not typically have a chaperone in the exam room during a pelvic exam. If you would prefer a chaperone, please let us know and we would be happy to accommodate you.

We do our best to run on schedule. Sometimes our patients require extra time, and occasionally emergencies occur which cause us to run late. We appreciate your understanding of this. Please keep this in mind when scheduling your appointments. You are most likely to be seen right on time if you are the first appointment of the morning or the first appointment of the afternoon.

We are primarily a portal-based practice. Please make sure you are signed up for the portal. Please use the portal for medication refill requests or if you need to contact the provider or staff, unless it is an urgent matter, then call the office. Lab results will be published to the portal within 1 week. We call or send a portal message with results of pelvic sonograms within 1 week.

**OUR STAFF APPRECIATES YOUR UNDERSTANDING--THANK YOU.**

By signing below, I acknowledge that I have read the above stated policies to the best of my ability. These policies will remain in effect regardless of the patient's failure to sign.

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**Print Name**

**Signature**

**Date**