



*The comprehensive care you need.  
The compassion & convenience you deserve.*

# Care for Women Office Policy Agreement

As a patient of Care for Women, I agree to adhere to the office policies stated below. I understand that these policies are in place to ensure that my care is not delayed or interrupted due to scheduling or financial issues. I also understand they are in place to ensure that the schedules of the physicians and other patients are not delayed or interrupted.

- ◆ I agree to arrive at least 15 to 20 minutes (or 30 minutes if I am a new patient) prior to my scheduled appointment time to check in and complete or update any patient information forms. As a courtesy to other patients, we request that you arrive on time. If you arrive later than your designated appointment, you may be asked to reschedule.
- ◆ I understand that it is my responsibility to provide current and complete personal and medical information, contact addresses and phone numbers, and current insurance information prior to my appointment and on an ongoing basis afterward.
- ◆ I understand that Current insurance information must be verified prior to my appointment; therefore, I understand that out-of-date, incomplete, or inaccurate information may delay my appointment or cause it to be rescheduled.
- ◆ I understand that all past financial balances, deductibles, and co-pays are due at the time of my appointment. These payments must be paid prior to my appointment and if I am unable to do so, my appointment will be rescheduled.
- ◆ If I am unable to keep my appointment, I understand that I must notify Care for Women at least 24 hours before my appointment time. After two no-shows without 24-hour advance notification, my account will be charged with a no-show fee per incident as follows:
  - \$25 per no show for an office visit
  - \$50 for a procedure of any kind.These no-show fees are part of my account balance and must be paid BEFORE my next appointment can be scheduled.

*I agree to adhere to all of the above office policies of Care for Women.*

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Office Policy Agreement Form)