

1021 W Williams Street, Suite 103 & 104; Apex, NC 27502

Welcome to our Practice

Thank you for choosing our office for your Obstetric, Gynecological, and/or Laser care needs.

We are dedicated to providing you with the highest quality of care, using the state of the art treatment in a comfortable and professional environment. Please familiarize yourself with our policies of the office. This form must be read and signed before treatment is rendered. Once signed, if you would like a copy, we will be more than happy to accommodate your request. **Please ask questions if you do not understand any of these policies.**

Financial Agreement

- I understand the payment for services is completely my responsibility, and is therefore due at check in unless prior arrangements have been made.
- I understand the office files my insurance as a courtesy, however anything that is not covered by my insurance is to be paid by me.
- I must provide my current insurance information the day of my appointment in order for an insurance claim to be filed on my behalf. If I forget to bring it, or I do not have insurance I understand that payment is due in full.
- I understand that if for any reason my account is turned over to collections, I will be responsible for any and all fees to collect my balance.

Appointments

In order to provide quality, effective care, we utilize an appointment schedule. Our office hours are Monday through Friday 9am to 5pm. We aim to give you all the time and attention your visit requires. However, if you are more than 10 minutes late for your appointment we will reschedule it to allow for enough time.

Cancellation/No Show/Reschedule Policy (General)

As a courtesy, our office makes every attempt to notify patients of their appointments by phone or email. However, we do require a prior notice to cancel or reschedule. To cancel or reschedule your appointment, please notify us at least 24 hours in advance of your scheduled appointment. You may be charged a fee for not providing a 24 hour notice of cancellation or reschedule. This fee will also apply for failing to show up to your scheduled appointment. Two (2) missed appointments may lead to an inability to schedule you for future appointments.

_____ Laser Patients – the cancellation policy stated above applies, with these exceptions:

Unlimited Package Patients: (3) No Show/Cancel/Reschedule with less than a 24 hour notice, the package becomes voided.

Multiple Package Patients: lose (1) visit from purchased package for each infraction.

YOUR SIGNATURE BELOW CERTIFIES YOU HAVE READ, UNDERSTAND AND AGREE TO THE FINANCIAL AND OFFICE POLICY PROVISIONS STATED ABOVE.

Patient Name (Please Print)

Patient Signature

Date