



Women's Health Specialists

Insurance Coverage Guarantee

I, _____, understand that I am eligible for benefits under the terms of coverage from
 (health-plan member)
 _____ as of ___/___/___ through my _____ employment at _____.
 (health plan) (effective date) (self/spouse/parent) (name of employer)
 I am aware that if the above is not true, I (or the person financially responsible for me) am responsible for all charges related to services provided to me. I am also aware if I am to have a referral for services and if one is not obtained by me I will be responsible for all charges related to services provided.

Patient Signature _____ Date _____

Appointment Cancellation Policy

We realize that your time is as valuable to you as your time is to us. In a busy physician's office scheduling of appointments is a high priority for the office to run smoothly. However, when patients are greater than fifteen minutes late for their scheduled time or never show for their appointment it causes the office to run behind schedule, which in turn inconveniences other patients. Therefore we must employ a Cancellation Policy to protect our office time and our patients' time.

As a courtesy to you, we try our best to deliver a reminder phone call prior to your appointment. It is ultimately your responsibility to be on time and present for your appointment.

Please sign below stating that you have read and understood the following policy:

1. **We require 24 hours** notice for all cancellations, unless an unavoidable circumstance prohibits your arrival, i.e. auto accident or medical emergency. There will be a charge of \$25.00 for any missed or inappropriately cancelled appointments.
2. **We require 72 hours** notice for any surgery cancellations. There will be a charge of \$100.00 for any missed or inappropriately cancelled surgeries.

Patient Signature _____ Date _____

OB/GYN CARE

Thank you for selecting us as your physicians for gynecological/obstetrical care. Our group consists of male and female physicians who share the same philosophies and strive for the same quality of excellence.

As you know, arrival of babies or emergency care may occur at an undetermined time and one of my associates may have to administer care to you. This arrangement among our group enables us to spend time with our families while one of the other doctors provides excellent care for our patients.

You are special to each one of us and we will make every effort to ensure that you receive the highest quality of medical and personal care.

I have read the above and understand that my personal physician may not be with me at the time of delivery or during an emergency.

Patient Signature _____ Date _____

Margie Aleman-Martin M.D.
 Siobhan Calhoun M.D.
 Scott Kramer M.D.
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