



Women Gynecology & Childbirth Associates, P.C.

1815 South Clinton Avenue - Suite 610
Rochester, New York 14618
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Medical Spa-Suite 640: 585.271.0340

1630 Empire Boulevard
Webster, New York 14580
585.787.8480

515 Long Pond Road
Rochester, New York 14612
585.720.9280

FINANCIAL POLICY

1. Full payment, including all copayments, are expected at the time of service unless other arrangements have been made prior to your visit.
2. A service fee of \$10.00 is added when copayments are not made at the time of visit.
3. Returned checks are subject to a \$35.00 service charge and may terminate your privilege to pay by check at future visits.
4. It is understood and agreed that in the event any outstanding balance is not paid or is not a covered service by your insurance company(ies) or by medicaid, you are personally responsible for all fees due.
5. It is understood and agreed that in the event any outstanding balance on my account becomes delinquent and has to be referred to a collection agency or attorney for recovery, that I will be fully responsible for any and all collection fees and attorney fees.

Please sign below to indicate that you have read and fully understand said policy.

Date

Print Full Name

Social Security Number

Signature