

*Women Gynecology & Childbirth Associates, P.C.*

FINANCIAL POLICY

1. Full payment, including co-payments, are expected at the time of service unless other arrangements are made prior to your visit.
2. A service charge of \$10.00 is added to unpaid co-payments.
3. Returned checks are subject to a \$25.00 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 by your insurance company(ies), you are personally responsible for all fees due.
5. It is understood and agreed that in the event any outstanding balance has to be referred to a collection agent or attorney for recovery of the fees, you are fully responsible for any and all costs involved, including, but not limited to, attorney fees.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature