



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

# Care for Women

## Office Policy Agreement

*It is Care for Women's goal to provide quality health care to all our patients in a timely manner. No-shows, late arrivals, and cancellations inconvenience not only our providers, but our other patients as well. When you book your appointment, you are holding a space on our schedule that is no longer available to other patients who need care. As you may be aware, our doctors fill their schedules quickly, and giving appropriate and timely notice of a cancellation will allow another patient to be seen. Additionally, current and complete personal, medical, and financial information is needed to serve you to the best of our abilities. Therefore, it is important that you provide all required information prior to your appointment, and that you inform us regularly and promptly of changes.*

- ◆ 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I understand that current insurance information must be verified prior to my appointment; therefore, I understand that out-of-date, incomplete, or inaccurate information may delay my appointment or cause it to be rescheduled.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.

### *Policies Regarding Missed Appointments, Cancellations, And Late Arrivals*

- If you find it necessary to cancel an appointment, or will not be available to make the appointment on time and need to reschedule, we require a 24-hour notice.
- **Cancellations:** If you are a new patient to Care for Women, you will lose your new-patient deposit of \$25 if you do not provide at least 24 hours notice. To cancel or reschedule, please call us at 281-359-7000 and follow the prompts to speak with an appointment setter.
- **No Show Fees:** Missed appointments without notice may result in a "No-Show" fee for each missed appointment, or in terminating your care with the Care for Women physicians entirely. These fees will be added to your account balance and must be paid before your next appointment will be scheduled.
- \$25 will be charged to patients who do not show up for appointments, without 24 hours notice, or for reschedules for well-woman exams and any gyn visits.
- \$50 will be charged to patients who do not show up for an appointment that involves a procedure.
- \$100 will be charged for patients who do not show up for surgeries, or pre-op appointments, or who give less than 48 hours notice
- **Late Arrivals:** Care for Women asks that you show up 15 minutes early for your appointment, unless otherwise stated. This is so that any paperwork or other administrative tasks can be completed in order for you to be available to see the doctor at your appointed time. If you are not here 15 minutes early and still have paperwork to be completed, you may be requested to reschedule your appointment. This is necessary so that other patients who follow you will not be delayed more than necessary.

*As a patient of Care for Women, I agree to adhere to the office policies stated above. 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.*

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Office Policy Agreement Form; rev 5/10/22)