



Women's Health
Connecticut

Women's Health Care
of New England
Member of Women's Health Connecticut

CO-PAYMENT / NO-SHOW POLICY

PLEASE BE ADVISED WE HAVE NEGOTIATED RATES WITH YOUR INSURANCE COMPANY THAT RECOGNIZES COPAYMENTS AS PART OF THE OVERALL COMPENSATION. IT IS THEREFORE EXPECTED THAT ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE.

PLEASE ALSO NOTE THAT WHEN AN APPOINTMENT TIME AND DATE HAS BEEN PERSONALLY SCHEDULED FOR YOU, WE HAVE ALLOCATED THE PHYSICIAN'S/CLINICIAN'S TIME TO SERVE YOU. WE UNDERSTAND THAT UNEXPECTED EVENTS OCCUR AND YOU MAY NEED TO CHANGE YOUR APPOINTMENT; HOWEVER, WE DO REQUEST PRIOR NOTICE OF AT LEAST 48 HOURS. A \$40 SERVICE CHARGE WILL BE ASSESSED IF WE HAVE NOT RECEIVED THE APPROPRIATE NOTICE.

YOUR UNDERSTANDING IS APPRECIATED.

I HAVE READ AND UNDERSTAND THESE EXPECTATIONS AND AGREE TO THE POLICY.

PATIENT'S NAME: _____

Please Print

PATIENT'S SIGNATURE: _____

DATE: _____