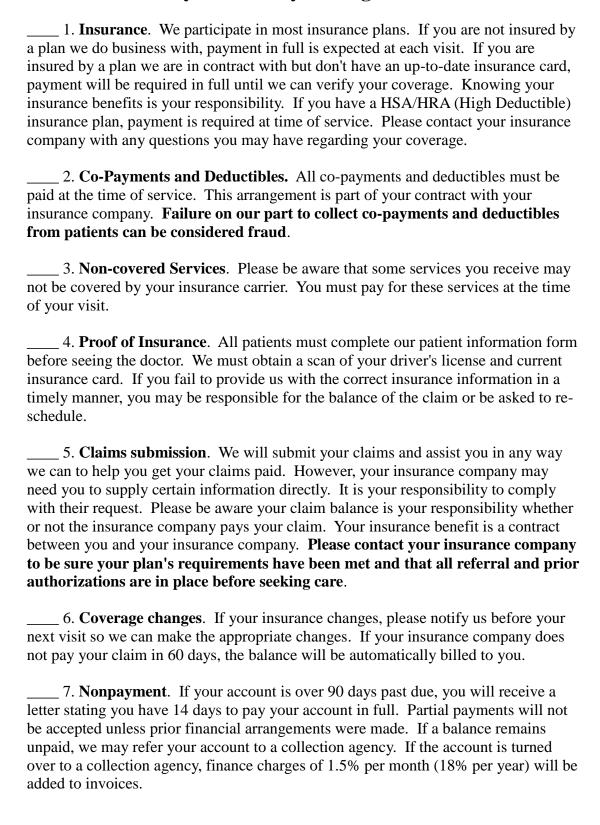


Payment Policy and Agreement







Board Certified by the American Board of Obstetrics & Gynecology

8. Discharged patients . You may be disch fulfill your financial obligation. If this happens, that you have 30 days to find alternative medical doctor will only see you on an emergency basis.	you will be notified by certified mail
9. Laboratory Fees . Fees for services (paperformed by an outside laboratory are your resp questions regarding those fees, please call the tel invoice.	onsibility. If you should have any
Our practice is committed to providing the best treatment to our and customary fees for our specialty and area.	patients. Our fees are set according to the usual
Γhank you for understanding our payment policy and agreemen regarding your care, we are here for you.	t. If at any time you have any questions or concerns
I have read and understand the payment policy and agree to	abide by its guidelines.
Patient Name (Print)	
Patient Signature or responsible party	Date