



2403 Research Blvd, suite 200 Rockville, MD 20850 Office: 240-912-4546 Fax: 240-912-4471

Notice to Patients

Due to an increasing frequency of patients missing scheduled appointments, we must enforce our cancellation policy.

If you fail to appear for a scheduled appointment or cancel less than 48 hours before your appointment there will be a charge of:

Office or Televisit: \$50 New Patient: \$150 Ultrasound \$100 Procedure \$200

To avoid this charge, you must notify the office at 240-912-4546 at least 48 hours in advance if you are unable to make your appointment.

Each patient must have a credit card or debt card on file before appointments will be scheduled.

Card Number _____

Expiration Date _____

We regret having to initiate this policy but, missed appointments effect the viability of this gynecology office and prevent patients who are seeking care from receiving timely treatment.

I have read the above, recognize this policy, and agree to abide by it.

Signed: _____

Date: _____

Printed Name: _____