

AFFINITY WOMEN'S HEALTH,LLC

STANLEY WIERCINSKI, D.O.

OFFICE POLICIES & FEES

COPAY DUE AT TIME OF VISIT, IF DO NOT HAVE COPAY WILL HAVE TO RESCHEDULE.

BALANCES MUST BE PAID PRIOR TO APPOINTMENT

BRING INSURANCE CARD TO EACH VISIT

IF EMAIL PROVIDED ON REGISTRATION FORM YOUR RESULTS MAY BE EMAILED RATHER THAN MAILED TO HOME OR CONTACTED BY PHONE

AFTER 5 NO SHOW APPOINTMENTS, WILL BE DISMISSED FROM PRACTICE

\$25 NO SHOW FEE IF APPOINTMENT NOT CANCELLED WITHOUT 24HRS PRIOR

\$40 CANCELLATION OF SURGERY FEE (if cancelled after any time surgery date given)

\$10 FMLA/DISABILITY FORM FEE (per form to be completed)

NO CHARGE FOR MEDICAL RECORD TRANSFER PHYSICIAN TO PHYSICIAN, IF COPY FOR SELF FEE CHARGED AS FOLLOWS:

\$2.00 per page for pages 1-10

\$1.00 per page for pages 11-20

\$0.90 per page for pages 21-60

\$0.50 per page for pages 61+

I hereby acknowledge that I have reviewed and understand the policies. Furthermore, by signing below I agree to comply with fee's and policies.

Patient's Signature

Date

Witness

Date