



Women's Health Specialists of Montgomery County PA

Gynecology-Gynecologic Oncology
6301 Executive Boulevard
Rockville, MD 20852
Phone: (301) 770-4967

PATIENT RESPONSIBILITIES

1. Notify us of any changes in your address or insurance information at the time of the change.
2. Know your insurance policy. Every policy has its own rules and regulations. It is in your best interest to know what your policies are, and if referrals are required. If you come without getting proper referrals you understand that this means you become responsible for this service.
3. We order tests that are medically necessary. It is your responsibility to know what tests your insurance policy covers and does not cover. (This includes all lab and radiology tests.) We have Labcorp in office, if your insurance requires another lab, please let your provider know.
4. All appointments must be scheduled in advance.
5. Co-payments must be made at the time services are rendered. (This is a health insurance requirement.) In the event you that you are unable to pay your copayment at time of service, a \$5.00 service fee will be charged to your account in addition to the co-payment amount.
6. Pay your bill promptly. If there is financial hardship, please call (301) 770-4967 and ask for billing in advance of appointment.
7. There is a fee for copying medical records. Maryland State rates apply as pages 1-35 will be charged at the rate of \$0.73 per page, with pages 36 and above being charges at the rate of \$0.20 per page. Additionally First Class postage will be assessed if the records are sent by US Mail. Records take 7 to 10 business days to process so make sure your release form is turned in the appropriate timeframe.
8. There is a \$35.00 fee on all returned checks.
9. Please be advised that we will only call you regarding test results that require additional testing or further discussion with your healthcare provider. This will require a consultation appointment. To protect your confidentiality, results will not be discussed over the telephone.
10. When needing a prescription refill of any kind, we will require 48 hours from the time of your call to process your request.
11. If you require disability forms or any other forms completed, there will be a fee of \$50.00 per each occurrence. Forms will be completed within 1 week after they are received by our office.
12. In the event you cannot keep an appointment, the office must be notified within 24 hours of your appointment. Failure to do so will result in a \$50.00 no show fee charged to the credit card number we have on file. If your card is rejected for any reason, we will bill your account the fee.

I, _____, have read and understand the above policies.

Patient's Signature _____ Date _____

WHS Witness _____ Date _____

Thank you for your cooperation.