

***IMPORTANT INFORMATION
ABOUT OUR POLICIES***

***FEES AND/OR DISCHARGE FROM THE PRACTICE
FOR LATE CANCELLATIONS AND NO-SHOWS***

Failure to call and cancel your appointment ahead of time means that another patient cannot receive care since we are reserving the time for you. Please be considerate of others and call us to cancel your appointment!

- All appointments must be cancelled by 3 p.m. of the previous day (or by 3 p.m. on Friday for a Monday appointment) to avoid incurring a \$45 no-show fee. Insurances do not cover no-show fees so you, the patient, will be responsible for payment. Due to contractual restrictions, however, this fee *does not apply* to patients covered under the Medicare or Medicaid programs.
- If you are charged a no-show or late cancellation fee and you believe that an error may have been made or that you deserve special consideration, please provide an appeal to us in writing for consideration.
- If you incur 2 or more no-shows or late cancellations, you may be discharged from the practice.

I have read and understand the above policy.

Print Patient Name

Date

Patient Signature

AUTHORIZATION TO OBTAIN INFORMATION

(this authorization will be effective unless revoked by me)

- I wish to grant Mansfield OB/GYN access to all relevant records/test results on the (circled as below) in order to best manage my care.
 - Windham Community Memorial Hospital system
 - Manchester Hospital system
- I would prefer that the following records not be included for review:

Name: _____

Date of Birth _____

Signature: _____

Today's Date: _____