



CANCELLATION OR NO SHOW POLICY

If you need to cancel or reschedule your appointment with us, please notify us at least 24 hours prior to your appointment time. Due to our extensive waiting list, patients who do not give us the required notice will be charged \$50. Also, if you arrive late for your appointment, we cannot guarantee that you will be seen.

PATIENT CONSENT, AGREEMENT OF FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS:

I, the undersigned, consent to the use and disclosure of my protected health information for treatment, payment and operations and such other purposes that are permitted under the federal Health Insurance Portability and Accountability Act without a written authorization. I accept that I am financially responsible for all services rendered on my behalf by Bedford Commons OB-GYN, P.A. (BCOG). For those insurance plans for which BCOG accepts assignment, I accept personal responsibility for all co-payments, deductibles and non-covered services, as dictated by my insurance coverage. I authorize payment directly to BCOG for services for which the Practice accepts assignment. A copy of this agreement may be used in place of the original. I certify that the information stated on this form is correct.

To our Managed Care Patients: Your signature below indicates that if you receive any services at Bedford Commons, OB-GYN, P.A. and the fees are denied because you did not obtain prior approval from your Primary Care Physician, you will be personally responsible for those fees.

Signature of Patient (or Guarantor, if Applicable)

Date

Print the Full Name of the Patient

Patient's Date of Birth