

Alpine Women's Healthcare, P.C., Office Policies

Office Hours: Monday–Thursday, 8:00am-5:00pm

Friday, 7:30am-4:00pm

Phone Hours: Monday–Thursday, 8:00am-5:00pm

Friday, 7:30am-3:00pm

(We are closed for lunch each day from 12:00-1:00pm)

Our practice strives to provide prompt, skilled, up-to-date, personalized women's healthcare in a welcoming and supporting setting. Ours is a collaborative practice with board certified physicians, Nurse Practitioners, and Nurse-Midwife. We offer a full spectrum of obstetrics and gynecologic care. This includes routine annual exams, management of numerous gynecologic problems, gynecologic surgery, prenatal care and delivery, basis infertility, contraception, STD screening and treatment and menopausal care. The variety of providers ensures that patients with acute problems can be seen quickly (often by one of our Nurse-Practitioners or Nurse-Midwife). More complex long-term issues can receive the care and attention they require from one of our physicians. Each of our providers has particular areas of expertise or interest: you can learn more about each of them by visiting our website at <http://alpinewomenshealthcare.com>.

The following is a further statement of our office policies, which we require you to read and sign prior to any treatment.

After Hours:

All of our physicians share on-call coverage after office hours and at night. Through weekends and holidays, on-call is shared with two other women OB/GYN's, Dr.'s Peck and Martin. The Midwife has their own call schedule, but can be contacted at the same number. The answering service will contact the on-call physician or midwife and one will call you back. If you have not heard from the physician or midwife within 30 minutes, please call the office and speak again to the answering service.

Insurance:

We cannot bill your insurance company without a completed form and copy of your card. We will bill only insurance companies that we are contracted with. Since you are the policyholder, it is your responsibility to know what is covered under your plan prior to your visit. Your insurance card will be expected each time you are scheduled for an appointment.

Insurance plans we do not participate with:

If your insurance company is one that we are not contracted with, full payment is expected at the time of service. We will be happy to provide you a copy of your bill to submit to your insurance company for reimbursement. Insurance plans are always subject to change so we recommend that you check with our billing office prior to your visit.

Appointments:

If you arrive 15 minutes late for your scheduled appointment, your appointment may need to be rescheduled. Please help us serve you better by keeping scheduled appointments and arriving 15 minutes prior to your scheduled appointment.

Repetitive no shows will be charged a fee of \$50.00

Payments:

We accept the following forms of payment: cash, checks, Visa and MasterCard. All returned checks are subject to a **\$35.00 returned check fee** in addition to the full amount of the check. In the event that your account is assigned to a collection agency for non-payment on your account, our office will no longer provide services to you.

Parking:

Free valet parking is available in the front of our building between the hours of 8am-5pm. If you find the valet full or choose not to valet, you may park free in the west-parking garage, located across the street from the emergency room located East of Logan off Girard. Directions can also be found on our website.

Prescription Refills:

Please plan ahead for prescription refills. We ask that you contact your pharmacy at least 3 days prior to your needing a refill. If you are out of refills, the pharmacy will contact our office for physician approval. Please note: We will **NOT** refill narcotics prescriptions over the weekend.

I understand that I am responsible to pay for all medical services not reimbursed by my insurance. I consent to treatment for myself. I have read the Office Policies and my questions have been answered satisfactorily. I understand that this is a contract and I agree to these Policies.

Print Name _____ Signature _____

Date _____