

WOMEN WOMEN

O B G Y N / L O S A N G E L E S

Christina Adberg, MD FACOG
Paula McAllister, MD FACOG
6310 San Vicente Blvd, Suite 330
Los Angeles, CA 90048
Phone: (323)452-9655
Fax:(877)405-2972
www.obgynla.com

We are committed to providing quality care to every patient in our practice. The scheduling of an appointment involves the reservation of a time especially for you. We would appreciate your understanding and cooperation with regard to cancellation. If you find that you must cancel, please do so within 24 hours prior to your scheduled time. If appointments are not canceled within the designated time, your account will be charged a \$50 fee. Please be aware that insurance companies will not cover these charges.

We understand that extenuating circumstances (including illness) may prevent you from providing 24 hours advance notice, and we will evaluate these situations on a case by case basis.

I, _____, authorize the Women to Women Obgyn of Los Angeles to charge a \$50 fee to the credit card indicated below in the event that i fail to give at least 24 hours notice of cancellation of a scheduled appointment.

Card Type (circle one) : Visa Mastercard American Express Discover

Card number: _____

Name as printed on card: _____

Expiration Date: _____ Billing Zip Code: _____

I have read the above fee agreement carefully and agree to its terms and conditions.

Signature: _____ Date: _____