



Women's Health Consultants

Obstetrics and Gynecology

Robert E. Schorlemer, MD • Lisa B. Gurwitz, MD
4499 Medical Drive, Suite 119
San Antonio, Texas 78229
PH: 210-614-9400 Fax: 210-614-9244

Thank you for choosing Women's Health Consultants for you OB-GYN care. In order to serve you better, we would like to inform you of our policies.

You, as the patient, are ultimately responsible for your medical bill. If you have insurance, you are to provide us with a copy of your current health insurance card on **each visit**. Failure to provide your current insurance card and all other information we need to process your claim will result in your paying for the visit in full, at the time of service, and/or being rescheduled until such time as you are able to produce the required information.

Due to the number of no-shows, all patients are required to give **24-hour notice** of cancellation for any appointment. Anyone who fails to give proper notice of cancellation will be charged a \$25.00 no-show fee.

I, _____ have read and understand the statement above. I further understand I will be responsible for a \$25.00 no-show fee for any appointment I fail to cancel within 24 hours.

Signature of Patient Date

Witness Date