



Capital Women's Care Ballston-Arlington

3833 Fairfax Drive
Ste 360
Arlington, VA 22203

Thank you for scheduling your well woman exam today. A "well woman exam" is considered a preventative or wellness visit. This visit will address preventative health only and is not meant to diagnose or treat problems.

If your provider addresses and/or treats other health issues at this visit that are new or chronic in nature instead of scheduling you for a follow up or sick visit, your health insurance company may assess an additional patient liability for those services. Although most insurance plans include benefits for one preventative health visit, some do not. If you have any doubts, please check with your insurance plan.

If you need further explanation about incurring additional fees for services provided during your visit today, please discuss your concerns with your provider.

I acknowledge that I have read this notice prior to being seen and I understand that depending on the issues addressed or treated during today's visit, additional charges may apply.

Patient Signature: _____ Date: _____

Dr. Gwendolyn Cobbs Dr. Danielle Holmes Dr. Reepa Shah

www.capitalwomenscareobgyn67.com

571-970-6050 main

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Notice of No Show Policy and Late Cancellation for Ultrasound Appointments

Please be advised that effective June 1, 2018, Capital Women's Care Division 67 has initiated a \$50.00 fee for all ultrasound appointments missed or cancelled outside of the twenty-four-hour period. We understand your time is valuable and to best serve our patients, we require this notice to be able to offer a reserved spot to another patient in your place. We appreciate your cooperation and look forward to continuing to meet your healthcare needs.

I _____ have read and acknowledge the No Show/Late Cancellation Policy for ultrasound appointments. I am aware that my account will be charged \$50.00 if I no show or cancel outside of twenty-four hours.

Patient Signature: _____

Date: _____

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