

THE WOMEN'S HEALTH GROUP, INC.

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Dear Patient:

We would like to take this time to welcome you to the practice of the Women's Health Group, Inc. Enclosed you will find a detailed patient information sheet that we would like you to complete and bring to your appointment on _____.

Financial Contract

We would like you to be aware that payment is expected at the time of service. If we are a participating provider with your insurance company, your co-pay is expected at the time of service. If we are not a participating provider, we ask for payment at the time of your appointment. We will then submit a statement to your insurance company and they will reimburse you. Please bring all insurance information with you to your visit.

If your insurance company requires a referral for this visit or any follow-up visits, we ask that you have the referral to us 72 hours before your scheduled appointment. This referral is your responsibility to obtain. Failure to comply will result in your being responsible for the payment of services. DIVORCED PARENTS: It is our policy that the parent requesting services must pay for the service. It is our policy that we do not get in the middle of divorce agreements.

Any outstanding balance that has not been settled, after reasonable attempts, will be sent to a collection agency. Once again, welcome and we are looking forward to meeting you. Please fill out these forms completely, sign and bring with you to your appointment.

THANK YOU FOR UNDERSTANDING OUR FINANCIAL POLICY.

The Women's Health Group, Inc and Staff

I have read, understand, and agree to the above Financial Policy.

Signature (Patient or Responsible party)

Date

Our policy is that payment is due at the time of service. We accept cash, check, Visa or MasterCard