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Cancellation / No-Show / Financial Policy

We strive to provide you with the best care possible, and, in return, we ask that you assist us not only in monitoring your health care, but also by paying for our services in a responsible and timely manner.

- **Missed Appointments:** Our policy is to charge for missed appointments; those appointments that are not cancelled at least 24-hours in advance, the charge is **\$25**. Please help us serve you better by keeping all scheduled appointments.

The following is a statement of our financial policy. Our office requires that each patient read and sign a copy of this policy before we provide any treatment. Therefore, please read through this statement and feel free to ask us any questions you may have relating to our policy. *Then sign the statement at the bottom of this form.*

- **Your Bill is Your Responsibility:** If your insurance company or other benefit program doesn't cover the entire bill, it's your responsibility to pay the balance. Unless you are on an extended payment plan, we expect payment in full within 45 days of being notified of any balance due.
- We do require that your co-payment or deductible be made at the time of service. In the event that we do not accept assignment of benefits from a particular insurance company, HMO or PPO, we require that you pay your bill in full at the time of each visit or be pre-approved on our extended payment plan

Acceptable Payment Methods:

We accept Cash, Checks, Visa, MasterCard, Discover Card and American Express. Under certain circumstances, with an approved credit card, we do offer extended payment plans. If you need additional information on that, please talk to our billing staff.

I certify that I have read and understand the "Financial Policy" and agree to all terms and conditions as stated above. I understand it is my sole responsibility to verify my medical coverage with the insurance company, HMO or PPO, Medicare/Medicaid or other benefits programs and that I am ultimately responsible for payment in full for any outstanding balances incurred.

Patient Signature

Date

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WESTOVER HILLS, BAPTIST MEDICAL BUILDING, 3903 WISEMAN BOULEVARD, SUITE 121, SAN ANTONIO, TX 78251 • 210.521.1577 • FAX: 210.521.1598
NEW BRAUNFELS, CREEKSIDE PROFESSIONAL PLAZA, 2115 STEPHEN'S PLACE, SUITE 600, NEW BRAUNFELS, TX 78130 • 830.312.4509 • FAX: 830.620.8468
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