Dr. Lauren O'Sullivan
Gynecologist and Surgeon

# Financial Policy

- I hereby authorize payment directly to Dr. Lauren O'Sullivan and her associates, all insurance benefits otherwise payable to me for services rendered.
- I understand that I am financially responsible for all charges not covered by insurance and for all services rendered on my behalf.
- I understand that I may also obtain charges from outside facilities related to my visit (i.e. lab, pathology).
- I authorize the above noted doctor and/or any provider or supplier of services in this office to release any information required to secure payment of benefits.
- I authorize the use of this signature on all insurance submissions.

- I understand that any outstanding balance must be paid in full within 90 days of receiving my first statement and a **late fee of $50.00 per month** will be charged on outstanding **balances not paid in full within the 90 days.**

# Cancellation Policy

- Cancellations significantly impair our ability to care for patients who are waiting for help.
- Therefore, we require a **24 hour notice** to cancel or reschedule your office visits.
- If you cancel or reschedule your appointment within 24 hours you will be **charged $50.00**

- We require a **14 DAY notice** to cancel or reschedule your surgery or office procedure.
- If you cancel or reschedule your surgery or office procedure within the **14 DAY NOTICE** period prior to your scheduled surgery you will be **charged $250.00**

This does not apply to those that keep their appointments or give more than the required notice.

We truly appreciate your business and ask that you appreciate ours.

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| Patient Signature | Date | Guardian's Signature (If patient under 18) | Date |

FM108/FINPOL
REVISED: 2/16

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