



## Women's Health Care in San Diego, A.M.C.

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Dear \_\_\_\_\_

Welcome to our office and we are looking forward to meeting you. Enclosed is a registration form and history form for you to complete. An arbitration agreement has been enclosed so please take time to read it. If you do not agree or have questions about this agreement, please let the receptionist know at the time of your visit. For further information visit our website at [www.womenwellness.net](http://www.womenwellness.net). **Please bring these completed forms to your appointment.**

**Patients who do not have insurance coverage or cannot furnish proof of insurance coverage will be required to pay in full at the time of service.** If you wish us to bill your insurance, we will be happy to establish credit for you. In order to do this, we require you to provide us with your social security and driver's license numbers. You may call our billing department should you have any questions regarding insurance or payment issues. In the event that your insurance fails to pay for our services, or you fail to provide us with all insurances you may have or prior recoups money because you failed to provide insurance information, the balance will be your responsibility. We accept cash, checks and major credit cards.

*If you have insurance coverage, please bring your insurance card(s) when you come to your appointment. If your deductible has not been satisfied, you will be required to pay for the contracted amount of the services rendered at the time of the visit. Your co insurance and or co-payment amount will be collected also. If you have any questions regarding which services are covered by your insurance, please call them prior to your appointment. We do not verify your benefits at the time of your appointment. In addition, you need to be aware of which laboratories your insurance company is contracted with for outside lab services. This will prevent you receiving uncovered expenses from the laboratory.*

Again, welcome to our office. **Please check in 15 minutes prior to your scheduled appointment time. Failure to arrive on time could result in your appointment being rescheduled.** If we can be of further assistance before your appointment, please do not hesitate to call.

### Appointment Information

Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_

Date \_\_\_\_\_ at \_\_\_\_\_

Doctor \_\_\_\_\_

***A 24-HOUR NOTICE IS REQUIRED BY WOMEN'S HEALTH CARE WHEN UNABLE TO KEEP YOUR APPOINTMENT. WE RESERVE THE RIGHT TO NOT RESCHEDULE THE APPOINTMENT IF THIS POLICY IS NOT FOLLOWED. FURTHERMORE, PATIENTS WHO FAIL TO CANCEL OR RESCHEDULE THEIR APPOINTMENTS 24 HOUR IN ADVANCE ARE SUBJECT TO A \$25 CHARGE.***

X \_\_\_\_\_ Date \_\_\_\_\_