

Mari Ann Herbert, D.O.
Cosmetogynecology-Cosmetic Medicine
Medical Spa & Wellness Center

Mission Statement:

To provide quality core gynecological medical healthcare, offering elective low-risk enhancing procedures, health and wellness services, by empowering patients through professional physician guidance to achieve better health.

Practice Policies:

In order to provide high quality medical care and inform all patients about the practice, please read and print this form and sign everywhere your signature is asked.

1. Prescription refill may take 24-48 hours to process. Please contact your pharmacy before you are completely out of medication to request a refill in a timely manner.
2. Copays are due on the day of service.
3. Patients are responsible for verifying their own insurance coverage.
4. Please contact our office 24 hours in advance if you need to cancel/reschedule your appointment. Patients who fail to call of no-show their appointment may be charged a \$25.00 fee. Failing to keep a scheduled surgery appointment will be a \$75.00 fee.
5. All checks returned for non-sufficient funds will be charged \$25.00
6. Patient HIPPA information can be found at the following website: <http://www.hhs.gov/ocr/hippa/>

Treatment Consent:

I voluntarily consent to receive medical treatment and services. These services may include examination, diagnostic testing and treatment.

Financial Responsibility:

I understand that not all fees charged may be covered by insurance and I agree to pay for any charges not covered by insurance.

I understand the terms of payment to the office of Mari Ann Herbert, D.O. I authorize the release of medical information necessary to process any insurance claims and I authorize payment of medical benefits to my physician. I also consent to any procedure or treatment that may be necessary to make and appropriate diagnosis.

Patient Signature: _____ Date: _____