

LANCASTER WOMEN'S CENTER, P.A.

Billing Policy ACKNOWLEDGEMENT

Your signature below acknowledges that you have been given a copy of Lancaster Women's Center, P.A. billing policy and that you agree to the terms of this policy.

I understand that if I do not give a 24 hour notice of cancellation I will be billed for the appointment in the amount of \$70.00.

Once signed by you, this policy will remain in effect as long as you are a patient of Lancaster Women's Center. If this policy changes; you will be issued a new copy at check in.

Patient name _____ Date _____