

## West Augusta Obstetrics & Gynecology, P.C.

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Dear New Patient:

**Welcome!** Thank you for placing your trust in our office for your Ob/Gyn needs. We believe a full disclosure of our policies at the time of your initial visit is important in making your association with us a pleasant and positive experience. Please read this letter carefully, direct any questions to a receptionist and sign the acknowledgement below.

**Payment of all charges is required at the time of service.** If you have insurance, ensure that you inform our staff of all insurance coverage and any changes in coverage as they occur. Payment of all copays, deductibles, and coinsurance must be made at check in for office visits and in advance of surgical procedures performed by our physicians. We accept cash, checks and major credit cards. Please remember that payment of all charges remains your responsibility whether or not you have insurance.

Not all services are a covered benefit with all insurance plans. Patients are expected to pay us for any part of charges not covered by insurance. Unless prohibited by contract with an insurance plan, patients will be billed for account balances after insurance has paid. Patients with balances not paid within 30 days will be contacted by phone to arrange payment. Accounts not paid in full within 10 working days after phone contact will be considered for action by a collection agency. All accounts not paid within 30 days of receipt of bill will be assessed a late fee of 1.5% of the unpaid balance. A charge of \$29.00 will be assessed on all returned checks.

We ask that you arrive 15 minutes before a scheduled appointment. IF unable to meet a scheduled appointment, please call **706-863-5082** to cancel or reschedule the appointment. **Our office will charge ALL NO SHOW APPOINTMENTS a \$25.00 Fee.**

Our clinical staff will happily discuss your proposed treatment plan with you at any time. A designated specialist can answer any payment or insurance questions. IF temporary financial problems affecting timely payment of your account should arise, we encourage you to contact us promptly for assistance in management of our account. We are ready and willing to help you in any way we can.

West Augusta OB/GYN, P.C.

I acknowledge that I have read and understand the policies stated above.

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Signature of Patient

Date