Scott M. Gulinson, MD, PC
Board Certified Women's Health Care Services
Fellow, American College of OB/GYN Physicians
OBSTERICS, GYNECOLOGY, INFERTILITY and
ULTRASONOGRAPHY

5310 W. Thunderbird Road
Suite 308
Glendale, Arizona 85306

Office: 623-412-2229
Fax: 602-314-5843

I understand that it is my responsibility to keep the office informed of any changes in my health insurance coverage, address changes or phone number.

I also understand it is my responsibility to ***report any and all*** insurance coverage I might have. If you are on a State aided program, i.e. AHCCC and have other insurance, provided through your work, or by way of another family member, this insurance is always primary and must be reported. I also understand that if I fail to report a primary insurance to the office for billing and my claims are denied, I will be held responsible for payment of claims denied as a result. If balances are not paid I understand that I will be responsible for any and all collection fees, attorney fees and finance charges incurred as a result of not reporting the above information in a timely manner.

I hereby declare that I have provided the office with correct and current insurance information and have not withheld any information necessary for billing claims.

The office will try and make reminder calls for your appointment but this is a courtesy call and at times may not happen. It is the patient's responsibility to remember their appointment.
I understand there will be a **no show fee charged** to me that is **NOT** billable to my insurance company and will be my responsibility, if I do not call to cancel my appointment within 24 hours prior to my appointment. This fee that will be billed to me is $25.00 for office visits and $50.00 for ultrasounds.

_____ _____
PATIENT NAME (please print) DATE

_____ _____
RESPONSIBLE PARTY SIGNATURE DATE