

Jeffrey V. Fowler, DO; FACOOG

***Obstetrics and Gynecology***



**Eagleridge Women's Healthcare  
4728 Eagleridge Circle, Suite #110  
Pueblo, Colorado 81008**

**Tel: 719-583-2300  
Fax: 719-583-2301**

**Office Policies**

**Notice of Privacy Practices**

\_\_\_\_\_ I have received the Notice of Privacy Practices from Dr. Jeffrey Fowler's office.

**Late/No Show Appointment Policy**

\_\_\_\_\_ I understand that if I am 10 minutes or more late for my appointment, that I will be rescheduled to the next available which could be several weeks away. If I do not show 3 appointments my care will be terminated by Dr. Fowler and it will be my responsibility to find a different physician to continue my care.

**Co-Payment/Insurance Policy**

\_\_\_\_\_ I understand that if I do not have my co-payment (if applicable) according to my insurance, that I will be rescheduled to the next available time. I also understand that if I'm not able to show proper insurance information (i.e. insurance card) that I may also be rescheduled at that time also.

**Collection Policies**

\_\_\_\_\_ I understand that if, for any reason that my account is sent to a collection agency, I will also be responsible for any fees incurred by the collection agency (i.e. court costs, attorney's fees, etc.).

**Scheduling Policy**

\_\_\_\_\_ I understand that I will be charged \$25 if I "No Show" an appointment or if I fail to give 24 hours notice prior to rescheduling or canceling an appointment.

**My initials above certify that I have read, understand and agree to the above policies.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Date of Birth