## **Heritage Women's Health Center**

1600 W. College St. Ste 510 Grapevine, Texas 76051 (817) 410-7982

## **Office Administrative Fees**

Signature	 Date
I have read the above and understand that I m	nay be charged these fees when applicable.
These charges are office administrative feed company.	s and are <b>not billable</b> to your insurance
Disability/Family Medical Leave Forms	\$15.00
Transfer of Medical Records (copying/adminis	trative costs)\$25.00
Cancelled or Rescheduled Surgery/Procedure	(once date is set) \$100.00
Missed/Cancelled appointments (with less tha	nn 24 hour notice) \$25.00
*Note: These fees <u>may</u> be charged at the discretion	on of the physician.
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