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Women Caring, P.L.C.

Obstetrics and Gynecology

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WOMEN CARING, PLC
NO SHOW POLICY

I _____, understand that if I do not show up for a scheduled appointment with my provider I will be charged a no show fee of \$25.00. Each time I do not come to an appointment I will be charged an additional fee of \$25.00. This fee must be paid in full before I will be able to schedule another appointment with my provider. Credit card, money order or cash are the only acceptable forms of payment for this fee.

In order to avoid being charged a "NO SHOW FEE", please call to cancel your appointment at least 24 hours prior to your scheduled appointment time.

PATIENT SIGNATURE

DATE



A Division of
Mid-Atlantic Women's Care, P.L.C.