



Sunrise Women's Healthcare  
4540 East Baseline Road - Suite 114  
Mesa, Arizona 85206

Dear Valued Patient

Sunrise Women's Healthcare participates in a large number of healthcare insurance programs. Each has many variations. Your insurance plan or card will often tell us the amount of the required co-pay. That amount is to be paid in full at the time of your visit. The remainder will be submitted to you insurance carrier or plan. You, as the insured, are responsible for knowing your plan coverage. Once payment is made to Sunrise Women's Healthcare by your provider, you may receive a bill for the remaining balance due if any. It is the patient's responsibility to pay for any service not covered by the insurance carrier or plan in full on receipt of our bill unless previous arrangements have been made with the Business Office.

Dr. Newman may order tests or procedures in addition to the examination. While every effort will be made to send the patient to a facility covered by the insurance provider, Sunrise Women's Healthcare does not assume responsibility for the cost of these tests or procedures. If we administer them in our office the test cost will be billed to the insurance carrier and the patient will again be responsible for any costs not covered by the carrier. If there is an issue the patient should notify us beforehand so payment arrangements can be made through the Business Office.

Today's appointment may include updating the patient's medical history, a physical examination, and possibly a PAP smear. If appropriate, the doctor may prescribe birth control, hormone replacement and/or a mammogram.

We strive to keep a timely schedule and avoid delays. To assure each woman is provided appropriate time to see the doctor for the reason today's appointment was initially made, please inform the receptionist if you are experiencing any problems or complaints not previously indicated. She will schedule you an additional appointment to allow time to address your concerns.

Please sign this form and return it to the receptionist.

Sincerely

Barbara J. Newman, D.O., F.A.C.O.O.G.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_