Women First
MARGIE CORNEY, MD
OB/GYN & ASSOCIATES

Cancellation Policy

I understand that I am responsible for a **$25.00** fee if a **24 hour** notice to reschedule or cancel my appointment is not given. These fees also apply to **each missed** weekly appointments.

I understand that I will be billed for this fee and payment is due before I can reschedule my next appointment.

PATIENT SIGNATURE _____ DATE: _____

PATIENT'S NAME (PLEASE PRINT) _____

Revised 5/17