



Orrego Center for Women's Health
Delivering Women's Care with Compassion

John Orrego,MD

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All visit co-pays are to be paid at the time the services are rendered. Any other arrangements must be made in advance. In the event that an overdue balance must be referred to a collection agency to obtain payment, I agree to pay for the collection bill that is usually equal to the amount due. I have read the above and understand my obligations.

_____/_____/_____
Patient Signature Date

Assignment of benefits:

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled including Medicare, private insurance, and any other health plan, to Orrego Center for Women's Health, LLC. This assignment will remain in effect until revoked by me in writing. A photocopy of the assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize Orrego Center for Women's Health, LLC to release any and all information necessary to secure payment.

_____/_____/_____
Patient Signature Date

Attention Patients

Please notify us of any changes in your insurance. This is the only way to ensure all lab test and claims are filed and/or billed correctly.

It is your responsibility to assure that the correct information is in your chart.

Any charges accrued due to incorrect information will be billed to the patient or responsible party.

_____/_____/_____
Patient Signature Date

-2714 Rew Circle. Ocoee, FL 34761
-1715 E. Hwy 50, Bldg 3, Ste A
Clermont, FL 34711

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Phone: 352-708 6511

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