## **Care For Women's Medical Group**

Obstetrics and Gynecology

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You may receive a bill from a laboratory if any tests or examinations are sent out or conducted outside of this office. Please be advised that any laboratory/Radiology fees, and or bills that you may receive are your responsibility.

If your insurance does not cover particular laboratory tests, examinations, or requires that you use a specific laboratory for such procedures, it is your responsibility to inform this office. Please contact your insurance carrier if you do not know what is covered by your policy.

Please sign below to acknowledge receipt of this notice.

Signature

Date

Print Name