



All American Ob/Gyn
413 Owen Drive Suite 101
Fayetteville, NC 28304
Phone 910-480-4880

Maternity Policy

I _____

understand that during the duration of my pregnancy I must maintain proof of insurance at each visit. If I fail to produce my insurance card I will be responsible for all services rendered on that date of service.

If at anytime during my pregnancy my insurance policy expires and I do not renew it, I will become responsible for the full amount of my maternity contract.

By signing this agreement I understand the policy listed and agree with the terms.

Patient name: _____

Signature: _____

Date: _____

Witness: _____