

## Perinatal Center Policies & Procedures

### Policy for Arriving Late:

Appointments are scheduled at your convenience and allow our day to flow efficiently for each patient and family. If you arrive more than 10 minutes late for your scheduled appointment it may be necessary to reschedule your appointment.

### Policy for No-Show Appointments:

To offer you the best patient care, a positive relationship and regular visits are essential. All “failed” appointments by the patient will be documented by the staff in the patient’s records and will be reviewed by the providers. A patient is considered to have failed an appointment when the patient has not called or checked in within 10 minutes of appointment time. After three “no-shows or failed” appointments in a 12-month period, the providers will be given the option to terminate your care.

### Policy for Ultrasound Appointments:

At UnityPoint Health Perinatal Services, the quality of your ultrasound experience is very important; with this in mind please adhere to the following:

- **Only one guest over age 16 can accompany our patients.**
- **Taking photos or video at our facility is strictly prohibited for patients, family, and guests.**
- **Due to the sensitivity of the ultrasound and visit we are not allowing any children under the age of 16 at this time.**

*Thank you for your understanding. We appreciate that you chose UnityPoint Health Perinatal Services for your care.*

### FMLA and Short Term Disability Paperwork:

There are no fees for filling out patient FMLA or Short Term Disability forms. Paperwork needs to be dropped off at the front desk to be processed. Please allow three-five business days for paperwork to be completed.

### Insurance/Payment:

I understand that as a patient of UnityPoint Health – Des Moines Perinatal Center, it is my responsibility to know my insurance plan and what benefits are covered, to know if and when a referral is necessary, and have verified that the providers here are in network with my plan. Any balance remaining after insurance has paid is my responsibility. Any questions or concerns that I may have can be addressed to the financial counselor by calling the office during business hours.

My signature below represents I have read and understand the statements above.

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Patient’s Name

Signature of Patient or Legal Guardian

Date