

**Macon Gyn/Ob Associates
650 Coliseum Place
Macon, GA 31217**

Dear Patient,

We appreciate your selection of this office to serve your medical needs. We are very serious about your care and will make every effort to give you the quality care that you deserve. Your medical condition may require routine follow up and you will be expected to keep your scheduled appointments. You are required to notify our office if you need to change your appointment.

Due to the nature of our practice, it is sometimes necessary for us to be called out of the office on a moments notice causing you to have a wait. If this situation should arise, you will be given the option to wait or reschedule.

Very often home phone numbers as well as cell phones are the only numbers that we have on file and if the number changes we are unable to reach you, therefore we are asking our patients to advise us of phone number changes.

As we strive to provide quality care of all of our patients, we appreciate your consideration in keeping your scheduled appointments and we will make every effort to avoid delays.

You are also advised that you will be dismissed from care if you miss 3 scheduled appointments and do not contact our office. We will also notify your insurance carrier, including Medicaid, of your excessive missed appointments and it could affect your continued coverage.

Please sign this letter indicating that you have read and understand our office policy regarding this matter.

Sincerely,

Stephen M. Durkee, M.D.
Byron A. Brooks, M.D.
Claire Woodward, NP
Danielle Brown, CNM

Patients signature _____ Date _____

Patients printed name: _____