



Anne Arundel
Medical Center

Women's Center
for Pelvic Health



Our Care Team and staff look forward to partnering with you to resolve your health concerns.

- **New Patient Consults:** Please bring your completed forms with you at your registration appointment time. To ensure the maximum time with your physician, please arrive promptly at the designated registration time given. If you arrive more than **15 minutes late** upon your registration time may result in rescheduling your appointment. Please be prepared, we will collect a urine specimen during your visit.
- **Annapolis Location:** We are located at 2003 Medical Parkway, Wayson Pavilion Ste. 150 Annapolis, MD 21401. Garage B is the closest parking, or you may prefer to use Valet Parking for A \$6 charge. The valet is available from 8am-4pm at the entrance of the Wayson building. Office # is 443-481-1199 Office Fax # is 443-481-1495
- **Bowie Location:** We are located in the AAMC Health Services building at 4175 North Hanson Court, Ste. 201, Bowie, MD 20716. Office # is 443-481-1199 Office Fax # is 443-481-1495
- **Odenton Location:** We are located in the AAMC Health Services building at 1106 Annapolis Road, Ste. 220, Odenton, MD 21113. Office # is 443-481-1199 Office Fax # is 443-481-1495
- **Easton Location:** We are located 28438 Marlboro Ave, Easton, Md. 21601. Office # is 443-481-1199 Office Fax # is 443-481-1495
- Bring a photo ID, insurance card, and a referral, if your insurance requires one. If you owe a co-pay for your visits, we will collect it the day of your appointment.
- We are an outpatient department of Anne Arundel Medical Center; therefore if you have an appointment on campus in our Annapolis office, **you will receive two bills for your visit.** Our office will bill you and/or your insurance carrier for your visit with the doctor. The hospital will bill separately for the facility charges. If your insurance plan assesses co-pays for facility charges, you will be billed a second co-pay for this visit. If you have questions about this, call our office or your insurance company for more information.
- **Office Visits:** To ensure the maximum time with your provider, please arrive promptly 15 minutes prior upon your appointment time. Arriving more than **15 minutes late** will result in **cancelling/rescheduling** your appointment to avoid inconveniencing other patients.
- If you must **cancel or reschedule** your appointments, we request at least **24 hours'** notice during office hours. A **\$25 fee** will be assessed if you change your appointments with less notice.

I have read and understand the process and policy. **Signature:** _____ **Date:** _____
Print: _____

We look forward to caring for you and will be happy to answer any questions you may have.

Briana Walton, MD
Katherine Hill, CRNP

Kay Hoskey, MD
Fitima Smith, CNM

Yong Zheng, MD
Tamara Kennedy, CRNP

Johanna Devine, CRNP