



Latch

Breastfeeding Support

Latch - Breastfeeding Support is excited to work alongside the office of Dr Ramon Ramos to help you meet your breastfeeding goals. We aim to help you feel nurtured and supported on your breastfeeding journey.

Appointments:

We offer weekly appointments, on Tuesday and Friday, within the office of Dr Ramos. Each appointment lasts for 1 hour. Appointments may be scheduled by calling the office at 912-354-3400. If you are late to the appointment the time of the original scheduling will still be adhered to, in order to prevent cutting into the appointment time of those scheduled after you.

Health Insurance:

Dr Ramos' office will gladly bill your insurance policy for any lactation visits scheduled at his office, providing your child is registered as his patient. **This billing will include a charge for both mother and child - as the breastfeeding dyad is seen together - so, if you are on different policies, information for both will need to be provided.**

Should your insurance not cover lactation services (not typical) you will be billed a significantly reduced rate of \$50 per visit, total.

CANCELLATION POLICY

If you are unable to keep your scheduled appointment please contact Dr Ramos' office (912-354-3544) at least 24 hours in advance to cancel or reschedule. We maintain a strict cancellation policy and you will be charged a \$50 fee if cancellation or rescheduling occurs less than 24 hours before we are scheduled to meet (barring a true emergency). Your insurance can not be billed for such cancellations. These appointments are limited in availability and we want to ensure that everyone seeking assistance is able to be seen.

I _____ (print name), have read and understand the above policy and acknowledge that I will be charged the full cost of the appointment if I cancel or reschedule with less than 24 hours notice. I give permission for Latch - Breastfeeding Support to keep a credit card on file and understand that this card will be charged for missed and late cancellation appointments.

Signature _____ Date _____