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REASON FOR TODAY'S VISIT

________ Initial Obstetrical Visit

________ I ***am/am not*** having problems that I want addressed today. (circle one)

________ My complaint is ____

____

________ Routine Preventive Exam (Well Woman)

________ Procedure: ____

________ Injection:

___ Gardasil® ___ Depo Provera ___ Other ________________

Please initial beside each paragraph below:

________ A well woman exam, preventive visit includes a medical history, physical exam and testing to screen for asymptomatic diseases and renewal of maintenance medications. SHOULD ANY PROBLEMS/ISSUES OUTSIDE OF A ROUTINE EXAM BE ADDRESSED AT TODAY'S VISIT, THERE MAY BE ADDITIONAL CHARGES, INCLUDING COPAYMENTS AND/OR DEDUCTIBLES AND CO-INSURANCE.

________ I understand that some or all of my charges may be applied to my deductible, co-insurance or even excluded from my policy, and I understand/agree that I will be responsible to pay for these services.

________ I agree to pay for any and all medical services I receive from Women Ob/Gyn, P.A. that are not covered services or if payment is denied by my insurance company, for any reason.

________ To prevent erroneous denials and to assure appropriate insurance reimbursement for your visit, be sure that you clearly indicate above what you are being seen for today. DIAGONSIS CODES WILL NOT BE CHANGED AFTER THEY HAVE BEEN SUBMITTED TO THE INSURANCE CARRIER.

________ If I fail to pay for services provided by Women Ob/Gyn, P.A. when due, I agree to pay usual billing and late charges, and all costs of collection, including reasonable attorney fees incurred are part of the collection process.

______________________________________ ________________________
Patient Signature **Today's Date (MM/DD/YYYY)**