

# HEALTHCARE FOR WOMEN

Dear Patient:

## PREVENTIVE VISIT and PROBLEM/SICK VISIT

Please be aware that a preventive visit/well woman exam is to address preventative care ONLY and is not to treat problems, new medical conditions, or to follow up on existing medical conditions.

If your provider evaluates and/or treats you for a problem or a new or previous medical condition at the same time of your scheduled preventive visit/well woman exam, a separate visit may be billed to your insurance company. Depending on your insurance benefits, this may result in an additional financial responsibility for the patient (copay, co-insurance, and/or deductible).

## TELEPHONE VISIT

For your convenience, Healthcare for Women is now offering a telephone visit in lieu of an office visit to treat certain medical conditions (vaginal and urinary infections, mastitis, contraception questions, hormone therapy, etc.).

If your medical condition requires an office visit and you are unable to come in, one of our doctors will treat you over the phone. A telephone visit has an out of pocket cost of \$45. This visit IS NOT filed with your insurance company. If you are treated during office hours, we will collect the fee before treatment via credit card. If you are treated after hours, you will receive a bill in the mail. **This fee does not apply to routine obstetrical concerns such as labor, leakage of fluid, bleeding, or decreased fetal movement.**

## OBSTETRICAL PATIENTS

**For billing purposes**, your Prenatal care (1<sup>st</sup> OB visit) starts at 14 weeks of gestation AFTER your pregnancy has been confirmed via ultrasound and blood work. Any visits prior to your 1<sup>st</sup> OB visit, will be billed to your insurance company and are subject to a copay or deductible.

*We encourage our patients to get familiarized with their medical coverage/benefits to avoid unexpected expenses.*

*I acknowledge that I have read this notice; and, I understand that I am responsible for any expenses not covered by my insurance benefits.*

YOUR NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_