

Referred By: \_\_\_\_\_

**PATIENT INFORMATION**

Age:	Date of Birth:	SS#:
Legal Name:		
How do you wish to be addressed (nickname)?:		
Address:	City, State, Zip:	
Home #:	Work #:	Cell #:
Employer:	Position:	
Address:	City, State, Zip:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

**PLEASE FILL IN SPOUSE INFORMATION. IF THE PATIENT IS UNDER 18 FILL IN PARENT INFORMATION.**

Name:		
Age:	Date of Birth:	SS#:
Employer:	Position:	
Address:	City, State, Zip:	
Home #:	Work #:	Cell #:

**PRIMARY INSURANCE COMPANY**

Name of Insurance Company:	Phone #:
Policyholder:	Relation to Patient:
Policyholder's Address:	City, State, Zip:
Policyholder's Date of Birth:	SS#:
Member ID #:	Group #:
Claims Address:	City, State, Zip:

We file secondary insurance for OBs and surgery patients only.

**EMERGENCY CONTACT**

Name:	Relation to Patient:
Home #:	Work #:
	Cell #:

**ALLERGIES**

List ALL drug allergies:

I hereby assign all medical and /or surgical benefits, to include major medical benefits to which I am entitled, including private insurance and any other health plan, to Vernon & Waldrep OB-Gyn Associates. This assignment will remain in effect until revoked by me in writing. A photocopy of this statement is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance and I choose to see my physician at Vernon & Waldrep OB-Gyn Associates whether she is in-network or out-of-network, and this may or may not effect reimbursement by my insurance company. I hereby authorize said assignee to release all information necessary to secure payment.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Important Information for our Patients Regarding Annual Well Woman Exams

Our office makes every effort to follow the current coding practices for reporting medical services as dictated by Federal law and the American Medical Association (the AMA). These regulations can be quite complicated and generate many questions from our patients. The purpose of this handout is to clear up any confusion caused by these complicated rules regarding the billing of Preventive and Screening services.

### The Charges for Annual Well Woman or a Preventive Visit includes:

- Complete history and exam in addition to a breast and pelvic exam. The physician will ask questions about other medical conditions and discuss risk factors such as sexually transmitted disease prevention, diet and exercise, stress management, smoking cessation, self breast exams, birth control, menopausal symptoms and hormone replacement therapy.
- Collection / preparation of pap smear specimen to the lab is included
- Laboratory and diagnostic tests such as bone density testing and mammogram may be ordered.
- Immunization administration, vaccine / toxoid products and other procedures are NOT included.

The annual exam is preventive and the appointment is reserved for a preventive check up. Discussions about problems and conditions for which you are already being treated that are under control are considered an integral part of the Well Woman exam.

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If the purpose of your appointment is to discuss some health issues or problems that you are experiencing, you should make an appointment for evaluation or treatment of those problems, not an appointment for an annual exam. If you did not schedule the appropriate “**problem visit**,” and then a separate problem is identified during the course of the Annual Exam, we will attempt to work you in that same day if possible for your annual exam. Otherwise, you may need to reschedule your annual appointment for another time. We are required to submit our claims based on the documentation in the medical record of the service provided to you. If we see you for both an annual exam and a problem on the same day, we are usually not reimbursed for the annual exam.

Additionally, we reserve the amount of time needed in the daily schedules for either Annual Exams, Problem Visits, Obstetrical Visits, or Surgeries. The time scheduled for an Annual Exam does not allow adequate time to discuss or treat a “Problem Visit.” Patients do not always realize that these are separate types of appointments on the daily schedules.

OUR DOCTORS CANNOT COMPLY WITH ANY REQUESTS TO IMPROPERLY ALTER THE MEDICAL RECORDS FOR THE PURPOSE OF OBTAINING PAYMENT BY BILLING AN ANNUAL EXAM AS A “PROBLEM or SICK VISIT” WHEN NO OTHER MAJOR PROBLEMS WERE EVALUATED. SOMETIMES, PATIENTS WILL CLAIM THAT THEY WERE HERE FOR A PROBLEM, NOT AN ANNUAL IN ORDER FOR INSURANCE TO COVER THE APPOINTMENT. ALSO, SOME PATIENTS EXPECT TO RECEIVE THE ANNUAL EXAM AND THE PROBLEM VISIT AT THE SAME SCHEDULED APPOINTMENT, BUT THESE ARE TWO SEPARATE TYPES OF APPOINTMENTS.

While we regret that billing guidelines and insurance carriers may not pay for more of your annual exam, it is preventive by intent. You as the patient and insured will be responsible for payment as dictated by billing guidelines or your insurance plan for all co-payments and deductibles at the time of service.

Providing you with high quality healthcare remains our first priority. We thank you for choosing us to assist you with your healthcare needs.

Respectfully,

Vernon & Waldrep OB-Gyn Associates

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Printed Name of Patient

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Signature of Patient

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Date

*Vernon & Waldrep OB-GYN ASSOC.*

Kim D. Vernon, M.D.  
Kathryn K. Waldrep, M.D.

Alison M. Elmquist, M.D.  
Mie Mie Sohn-McGowan, M.D.

**FINANCIAL POLICY**

We would like to welcome you to our office, and are happy you have chosen us for your medical care. Our goal is to provide you with the best possible care available. In order to meet this goal, we need your assistance and understanding of our patient policies. Our Financial Policy is a necessary part of assuring the financial resources needed to maintain this vital health care facility for our patients.

**Insurance Companies**

We are here to help answer any questions you may have regarding your insurance coverage and payments. However, your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract, unless we are a PPO provider with your plan. Most companies base insurance payments on a Usual and Customary Rate (UCR). Our fees generally fall within the UCR range; unfortunately, some insurance companies reimburse on a fee schedule which may bear no relationship to the current standard and cost of care in this area. Unless we are participants with your plan, you will be responsible for our charges regardless of the company’s arbitrary determination of the UCR. If we are a part of your PPO, we will file your claims directly to your company. If we are not, we will supply you with an extra copy of your office visit “superbill” to send to them. This is a complete form for them to process your charges. We do not file for secondary insurance coverage. NOTE: The Office of the Inspector General strictly prohibits the waiving of copays or deductibles. It is considered fraudulent to accept “insurance only”. (To speak with Texas Department of Insurance, call (800) 252-3439 or ask us for contact information .)

**Office Visits**

Full payment of services is due at the time of your visit. We accept cash, checks, Visa/Master Card debit & credit cards, American Express and Discover credit cards. If you have a PPO plan, co-payment and deductible amounts will be collected at the time of the visit. If you need an estimate of costs, we will do our best to estimate those costs prior to your visit. We do not always know what the physician will require and this is dependent on your individual health care needs. Once your PPO plan processes or pays your claim, any unpaid balance is due in full upon receipt.

**Laboratory Tests (Blood Work/Cultures/Biopsies)**

Our office primarily uses Lab Corp. If your insurance plan is contracted with another lab, or if they require direct billing with a lab, you are required to notify the nurse prior to having blood drawn, biopsies performed, or cultures. Otherwise, we will draw your blood, send cultures and/or tissue samples, and bill you directly. If you desire an estimate of cost, please ask us.

**Surgical Procedures**

We will file insurance claims as a courtesy for patients requiring surgery. Surgery Deposits are required, and payment is to be made at your pre-op visit. The deposit is an estimated amount and consists of your deductible (if not met) and your co-payment percentage (i.e. 80/20% or 70/30%) of the total cost. You should contact the business office prior to your pre-op visit to discuss the amount expected. We will do everything we can to ensure your claim is paid. However, you are the responsible party, and you will be expected to pay any remaining balance.

**OB Care**

Payment for OB care is discussed individually. You will meet our OB insurance representative on your first or second visit to review expected charges and payments.

**Patient Requested Telephone Conferences**

We encourage you to schedule an appointment if you need to visit with your physician. If you request a phone conference, there is a charge for the first (5) minutes and for each additional (5) minutes.

**Unpaid Balances**

Balances are due within (30) days from the first statement mailed. After that, a letter will be sent and (15) days following that letter, the balance may be reported to consumer reporting agencies. Patients have (45) days to discuss balances due with our Business Office personnel. After (45) days, all care will be cash basis in advance and no refills will be called in. When the balance is reported to the collection agency, you will be discharged from the practice and must find another physician to provide your care.

**Fees for Business Activities**

There are fees for completion/preparation of the following forms & correspondence which are not covered under your insurance plan: Forms for school physicals, sports physicals, camp registration, disability, FMLA, LOA; written correspondence to employers, adoption agencies, schools, and insurance companies; reissuing previously written prescriptions. These fees are collected in advance.

Thank you for choosing us as your OB/Gynecologist. We believe it is important that our patients fully understand our financial policy, so we may concentrate on you and your medical needs. It is your responsibility to notify us in writing of any changes in the account status (i.e. changes of address, work and home phone numbers and insurance information.) Our business office is available during office hours, and we welcome any questions you may have regarding our policies.

I have read the above and I understand and agree to this financial policy.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient (Responsible Party)

\_\_\_\_\_  
Date  
Revised June 2010