



## **PLEASE READ CAREFULLY:**

At the Naples Women's Center, our number one priority is our patient's health. Our physicians assign codes that we will submit to your insurance based on the services they provided at the time of your visit. We will not alter the codes in any way, just to receive payment from your insurance carrier.

1. If you are here for a scheduled **annual/wellness gynecological visit**, please remember most insurance companies have an allowed amount of annuals every 12-24 months and it is your responsibility to know if you are having your annual exam within your insurance company's allowable guidelines. If you are not within the allowable timeframe for your annual exam, your insurance will deny the claim we send and it **will be your responsibility to pay your bill in full.**
2. If you are here for an annual exam / wellness gynecological visit and you discuss **ANYTHING** that addresses a problem issue, (i.e.: hypertension, depression, diabetes, pain, acne, etc.) along with your annual exam, that warrants being billed for BOTH your annual PLUS your problem visit. *PLEASE NOTE:* Some OB-GYN offices require patients to have any problem visits on a separate day from an annual exam. For the convenience of our patients, we allow you to address both in 1 visit instead of coming back 2 times but you will be billed for **ALL** things addressed at your visit. Please keep in mind, once a problem visit is addressed at the same time as your annual visit, your insurance may require you to pay two co-pays and/or deductible/coinsurance for today's visit because of the well-visit and a problem visit charge on the same day.

Please see the visual aid on the reverse side of this form. If you have any questions, please ask our staff BEFORE signing this paper. Signing below acknowledges that you have read, understand and agree to the information stated above.

**\*I have read and understand the above information.** \_\_\_\_\_ **Initials**

**\* I confirm I have not had an GYN annual/wellness visit in the past 12 or (24 months for Medicare)** \_\_\_\_\_ **Initials**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Please see the graph below to demonstrate how charges are billed regardless of the number of appointments.

