



CONSENT FOR MEDICAL TREATMENT

I, voluntarily, consent to the physical exam, treatment and/or procedures under specific instructions the healthcare provider at NAPLES WOMEN'S CENTER. Our number one priority is our patients' health. Our physician's assign codes that we will submit to your insurance based on the service 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 visit with a **Primary Care/Gynecology Provider**, please remember most insurance companies have an allowed number of annuals every 12-24 months and it is your responsibility to know if you are having your exam within your insurance company's allowable guidelines. If you are not within the allowable time frame for your 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 a Schedule visit with a **Primary Care Provider/Gynecology** provider and you discuss **ANYTHING** that addresses a problem issue (i.e.: depression, diabetes, pain, etc.) along with your Annual Exam/Gynecological Wellness exam, that warrants being billed for BOTH your annual PLUS your problem visit. *PLEASE NOTE:* Some offices require patients to have any problem visit on a separate day from an annual exam. For the convenience of our patients, we allow you to address both in one visit instead of coming back two 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.

I have read and understand all the information above and agree that regardless of my insurance status, I am responsible for the balance on my account. In the event my insurance company is billed, I authorize all payments of medical benefits to be paid directly to Naples Women's Center.

I have read and understand the above information. _____ (Initial)

I confirm that I have not had a Annual Exam/Gynecological Wellness exam in the past 12 months (24 months for Medicare) _____ (Initials)

Print Name: _____ Signature: _____

Date: _____