

Name:

Chart:

Date:



"Caring for a Lifetime"

**IMPORTANT NOTICES FOR ALL PATIENTS**

Thank you for allowing Catawba Women's Center to participate in your health care. The Practitioners at Catawba Women's Center, P.A. are committed to deliver care in accordance with the highest standards and practice guidelines of our professional organizations. Sometimes, insurance companies, managed care plans, and Medicare do not provide coverage or payment for procedures or diagnostic tests recommended by these guidelines. Our primary concern is for you and providing the high quality health care that you deserve. In the event that such procedures and tests are not covered by your health care plan, discounts will not be extended and you will be responsible for payment.

As a courtesy, we will submit claims to your insurance carrier(s) for you. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered by your particular plan. If we perform a physical examination, we must bill a physical examination, even if medical problems were dealt with at the same visit. If numerous complaints or extensive problems are treated at the time of your physical examination, the practitioner may make an additional charge for these added services. Some insurance plans, including Medicare, do not cover yearly physical examinations. Each patient is responsible to know the rules of her health plan; we cannot and will not change our coding in an attempt to obtain payment. We will verify your insurance coverage at every visit. It is your responsibility to supply all current insurance cards.

Full payment is due at the time of service. If you have insurance, you will be responsible to pay your applicable copay, deductible and/or coinsurance. We accept Cash, Checks, Debit Cards, Visa, Mastercard and Discover. A \$30 fee will be assessed for returned checks. If you need to arrange a payment plan, ask to speak with a Patient Account Representative.

Catawba Women's Center subcontracts with Piedmont Pathology Associates for interpretation of pap smears. Pap smear interpretations for patients with Medicare or Medicaid coverage will be billed by Piedmont Pathology and not by Catawba Women's Center. Catawba Women's Center will bill patients with no insurance or commercial insurance for the processing of pap smears. Our cost for the pap smear interpretation is \$21.00. The standard amount billed by our office as of 1/1/06 is \$65.00. If applicable, we are obligated to discount this rate, according to the rates negotiated with your insurance company. These discounts are applied at the time we receive your insurance explanation of payment. You will only be billed for the amount your insurance company states is patient responsibility. In some cases, a pap smear specimen requires a pathologist or physician overread or second-look; this amount will be billed directly by Piedmont Pathology to the insurance company and/or designated guarantor. Piedmont Pathology Associates is located at 1899 Tate Boulevard Southeast, Hickory, NC 28602.

The adult accompanying a minor to a visit and the legal parents/guardians are responsible for full payment. We will not be involved in negotiating between parents in custody disputes.

It is our goal to provide service to you as efficiently as possible without a long wait beyond your appointment time. In most cases, we are able to see you within 15 minutes of your appointment time. Sometimes, circumstances beyond our control, such as emergencies with other patients, may cause you to wait for longer than this. Our staff will make you aware if we are running behind schedule. **If you are waiting for more than a reasonable time, please ask a staff member for assistance.** If you are late for your appointment, our office will attempt to work you in. If you are more than 15 minutes late, you may have to be rescheduled. **If you fail to provide at least a 24 hour notice to cancel or reschedule an appointment, we will assess a \$25.00 No Show fee. This fee must be paid before another appointment is scheduled.**

**CONSENT**

I consent to medical care and treatment by the practitioners of Catawba Women's Center, P.A. and agree to be responsible for the cost of such treatment and testing.

I hereby authorize Catawba Women's Center, P.A. to release any medical information required in the course of examination and treatment and permit payment directly to them any benefits due for their services rendered.

I have read and understand the above statements and agree to be responsible for payment for procedures and testing not covered by my health care plan.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date