

CARING FOR WOMEN, P.C.

NAME _____ DOB: _____

To better serve you, please answer the questions listed below. Thank you.

Ages 39 and Younger

As part of your exam you will have the following done:

Blood Pressure Check	Abdominal Exam
Height & Weight	Pelvic & Vaginal Exam
Thyroid Exam	Pap smear
Breast Check	Urinalysis (If Indicated)
Oral Cavity Exam	

Laboratory tests recommended for your age group:

CBC (complete blood count, test for anemia)

Coronary Risk Panel (Cholesterol Panel- every 5 years if normal)

Vaccines Recommended For Your Age Group: (Although we recommend these vaccines they are not available in our office)

Tetanus Vaccine (every 10 years)

Polio Vaccination (if not given as a child)

Influenza Vaccine

*** Other tests may be recommended if you are in a high risk group.**

If you have a primary care physician please indicate below.

Do you exercise regularly? _____ YES _____ NO

How Often? _____

Have you had the Gardasil Vaccine? _____ YES _____ NO

If you, or anyone in your home are being hit or abused we highly encourage you to discuss this with your physician, we are here for you.

BILLING

If you have no medical problems, this appointment will be billed as a "Well Check". It is your responsibility to know if your insurance will pay for "Well Checks" and if you have met your deductible. If your insurance does not cover this appointment, you will be responsible for the payment.

Signature: _____ Date: _____

☪ CARING FOR WOMEN ☪

You are being seen today for a **Women's Well Check** (annual). A **Well Check** means you have no medical problems. It must therefore be billed as preventative medicine, whether or not your insurance pays for preventative medicine. It will be billed, as such, to your insurance company. To do otherwise is considered insurance fraud.

If you are having medical problems, this visit will be billed as a "Problem Focused" office visit even if she does a complete physical also. If you are having a medical problem that takes precedence over a well check, the doctor may see you for that condition today and bring you back for your well check at a later date. The appointment then would be billed as an office visit, even though you scheduled it as an annual. Those decisions are at the discretion of the medical provider. To bill it any other way is considered fraud.

Each insurance contract is different. It is your responsibility to know what your insurance company will pay for preventative medicine. If you **do not** know what your insurance pays, you may use the phone to call them or you may pay, in full, for the visit today. We will still bill your insurance for you. If they do pay for this visit, we will gladly refund it to you.

If your insurance company requires that you use a particular lab, it is your responsibility to remind us each time, otherwise we will use our usual labs. We cannot know what your particular policy requires, therefore need your help. Remember that the labs will bill separately and any questions on their billing should be directed to them.

I have read and understand the payment conditions of my well check.

Patient signature: _____

Date: _____

Any specific concerns you wish to discuss with your healthcare provider today?

**CARING FOR WOMEN, P.C.
Pap Smear Consent Form**

If your insurance requires that you use a specific lab, be sure to let us know each time.

Please send my pap to my insurance preferred lab which is: Quest _____
Lab Corp _____
Ak. Regional Lab _____
Prov. Hosp. _____

****In the event of an abnormal pap result, further testing may be ordered from the same pap sampling. There may be an additional cost to you for the test.**

_____ I agree to further testing if my pap results are abnormal.

Patient Signature _____ **Date** _____