


# Advanced

OB-GYN ASSOCIATES 

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## WELL WOMAN EXAM

We are happy to have you in the office today for your Well Woman Exam. We have scheduled your appointment for the amount of time that your doctor will need to complete all aspects of a comprehensive Well Woman Exam. The Well Woman Exam is the time for your health care provider to screen you for potential reproductive health problems. This consists of five parts.

**Basic History and Physical**  
**Breast Exam**  
**Pelvic Exam**

**Counseling for Contraceptive**  
**Urine Dip**

On occasions laboratory testing may be recommended. These services are billed separately by the laboratory that performs these results and are not covered by payments that you make to us. Please check with your insurance company to verify what your insurance benefits allow for (laboratory, well woman blood work, mammogram, pap smear etc.). The doctor may order these during your visit. *These services are billed separately by the laboratory that does these tests and are not covered by payments that you make to us.* Any insurance claim disputes associated with a laboratory must be dealt with through that billing agent.

**AOA providers practice per ACOG Guidelines, American Society for Colposcopy and Cervical pathology and The DFW standards of Medicine which now includes HPV testing. Any patients over the age of 30 or with a prior history of abnormal paps will have HPV testing.**

***I understand my insurance may or may not cover my pap smear nor HPV testing.***

*(Choose and initial one)*

\_\_\_\_\_ I decline having it performed.

\_\_\_\_\_ I accept having it performed and understand I may be billed by the laboratory provider.

Your Well Woman Exam will be filed to your insurance company using codes specifically for routine well care. We are not able to change the coding should your insurance company not cover a Well Woman Exam or lab work associated with the visit.

Should you have other items aside from your Well Woman Exam that you would like to discuss with your doctor today, those items will be billed separately from the routine well care codes and you may be financially responsible for that portion of today's visit.

Thank you for your cooperation as we navigate through today's health care financing.

I have read and fully understand the Well Woman Exam policy set forth by Advanced Ob-Gyn Associates. I understand and agree to the terms of this policy.

\_\_\_\_\_  
Signature of patient or responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of patient or responsible party

\_\_\_\_\_  
Patient DOB