



The Woman's Care Center, PC

OB/GYN

PATIENT INFORMATION				DATE	
LAST NAME		FIRST NAME		MI	DATE OF BIRTH
SOCIAL SECURITY #		MARITAL STATUS (Please Circle One) SINGLE MARRIED DIVORCED WIDOWED		PREFERRED PHARMACY	
RACE		ETHNICITY (Please Circle one) HISPANIC OR LATINO NOT HISPANIC OR LATINO			
SPOKEN LANGUAGE		PREFERRED LANGUAGE			
MAILING ADDRESS				APT #	
CITY	STATE	ZIP	EMAIL ADDRESS		
HOME PHONE ()		CELL PHONE ()		PREFERRED PHONE TO BE CALLED ON HOME CELL	
EMPLOYER/SCHOOL NAME					
SPOUSE'S NAME		SOCIAL SECURITY #	DATE OF BIRTH	CELL PHONE ()	
INSURANCE INFORMATION					
PRIMARY INSURANCE COMPANY			GROUP #	POLICY/ID #	
ADDRESS TO MAIL CLAIMS			INSURANCE COMPANY PHONE #		
NAME OF INSURED		DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO PATIENT	
SECONDARY INSURANCE COMPANY			GROUP #	POLICY/ID#	
ADDRESS TO MAIL CLAIMS			INSURANCE COMPANY PHONE #		
NAME OF INSURED		DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO PATIENT	
EMERGENCY INFORMATION					
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE #		RELATIONSHIP TO PATIENT	
OTHER INFORMATION					
PRIMARY CARE PHYSICIAN (PCP)		PCP PHONE NUMBER		REFERRED TO PRACTICE BY:	



The Woman's Care Center, PC OB/GYN

INSURANCE INFORMATION

DO YOU HAVE ONE OF THE FOLLOWING INSURANCES?

YES	NO	MEDICAID	YES	NO	MEDICARE
YES	NO	AMERIGROUP	YES	NO	CARESOURCE
YES	NO	PEACH STATE	YES	NO	WELLCARE
YES	NO	COMMERCIAL INSURANCE			

IF SO WHICH CARRIER: _____

IT IS YOUR RESPONSIBILITY TO INFORM THE FRONT DESK OF ALL INSURANCES THAT YOU HAVE. PLEASE PRESENT YOUR INSURANCE CARD(S) TO THE RECEPTIONIST AT EACH VISIT.

IF YOU HAVE MEDICAID, AMERIGROUP, CARESOURCE, PEACH STATE OR ANY OTHER INSURANCE, BOTH MUST BE GIVEN TO US AT EACH VISIT.

THE INFORMATION YOU GIVE WILL NOT AFFECT YOUR MEDICAID COVERAGE. WE ARE REQUIRED TO FILE YOUR COMMERCIAL INSURANCE COMPANY FIRST AND MEDICAID PLAN SECOND.

IF YOU HAVE MORE THAN ONE COMMERCIAL INSURANCE, PLEASE PRESENT ALL INSURANCE INFORMATION AT EACH VISIT. WE ARE REQUIRED TO FILE ALL INSURANCE THAT YOU HAVE IF WE ARE IN NETWORK WITH THEM. THE ONLY EXCEPTION IS IF YOU PREFER TO PAY CASH AND NOT FILE INSURANCE.

FAILURE TO REPORT ALL INSURANCE INFORMATION IS CONSIDERED **INSURANCE FRAUD** AND WILL RESULT IN YOU BEING RESPONSIBLE FOR YOUR CHARGES.

IF YOU HAVE ANY QUESTIONS, PLEASE ASK THE RECEPTIONIST.

PATIENT SIGNATURE _____ DATE _____

The Woman's Care Center, PC

PERMISSION TO VERBALLY DISCUSS PROTECTED HEALTH INFORMATION- INFORMATION SHEET

The Woman's Care Center understands that privacy regulations have an impact on our customer service to you, especially when it comes to discussing information about you with family, friends and others you designate who are involved in your care. We have established a process that allows you to tell us who we may talk to about your personal care.

How can I give others permission to get verbal information about me?

Complete the Permission to Verbally Discuss Protected Health Information form to let us know to whom we may discuss your health information with.

How is the information on the form used?

Anytime your designated person calls or makes a request on your behalf, we will verify the individual has your permission to receive the information and then we will share the information.

What are some examples of when this might be used?

- If an elderly parent wants an adult child to help understand treatment instructions
- If an adult child is helping with billing questions
- If a friend is helping an elderly patient with health issues
- If a college student wants information shared with a parent
- If an adult child calls to find out his/her parent's appointment time

Can the person I designate also get copies of my medical records?

No, they can only receive verbal information. To get copies of medical records, you must complete a separate Authorization form available at our office.

What if I change My Mind?

You must notify The Woman's Care Center in writing if you wish to revoke (stop) this process. The Woman's care Center is not responsible for information that has already been released in reliance upon a signed request form.

What happens if I don't complete this form?

We will continue to protect your private health information as required by law.

Where do I send a written request for any changes?

The Woman's Care Center

Release of Information

OR

Fax to 478-453-4475

P O Box 669

Milledgeville, GA 31061



The Woman's Care Center, PC

OB/GYN

PERMISSION TO VERBALLY DISCUSS PROTECTED HEALTH INFORMATION

Patient's Name: _____ DOB: _____ Date: _____

_____ I DO NOT give permission to The Woman's Care Center to verbally discuss the following medical and billing information about me to anyone, unless notified in writing.

_____ I give permission to The Woman's Care Center to verbally discuss the following medical and billing information about me (check all that apply):

____ Scheduling/Appointment information

____ Medical information, including my symptoms, diagnosis, medication and treatment plan

____ Behavioral health information, including my symptoms, diagnosis, medications and treatment plan

____ Chemical dependency information, including my symptoms, diagnosis, medications and treatment

____ Lab/test results

____ Billing and payment information

____ Other (describe)

The Woman's Care Center has my permission to discuss the above information with:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

I understand that I have the right to revoke my permission at any time except where The Woman's Care Center has already made disclosure in reliance upon this request.

I understand that I must notify The Woman's Care Center in writing if I want to revoke my permission. (Initial _____)

Signature _____ Date _____



The Woman's Care Center, PC

OB/GYN

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPPA"), I have certain rights regarding my protected health information. I understand that this information can be and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physicians certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment for healthcare operations. I also understand you are not required to agree to my request restrictions, but if you do agree, then you are bound to abide by such restrictions.

Name: _____ Date: _____

Signature _____

Parent/Legal Guardian Name Authorized to sign: _____

NOTICE OF WRITTEN FINANCIAL POLICY AND FINANCIAL RESPONSIBILITY

I have received or reviewed a copy of the Written Financial Policy. I have fully read, understand, and given an opportunity to ask questions about the Financial Policy. I will cooperate with the above practice and the billing department of Greenway Health Revenue Services to ensure payment for my services is received. I understand that I will be personally responsible for any cost(s) associated with my account that is not covered by insurance. I understand the terms of this financial policy may be amended at any time without prior notification to me, the patient. In the event that the patient is a minor, I am the parent and/or legal guardian of said patient and agree that I am responsible for payments for all services rendered to the patient.

Name: _____ Date: _____

Signature: _____

Parent/Legal Guardian Name Authorized to sign: _____



The Woman's Care Center, PC

OB/GYN

Addition Office Information

Appointment Times & Waiting

The Woman's Care Center, PC is a medical facility that treats both pregnant and non-pregnant women. Please understand that emergencies occur during the day that we are not able to control. This can include problems that arise at the office, or a provider needing to leave to go to the hospital. Sometimes these emergencies will require the help of additional providers and/or staff in the office. This can delay regular scheduled appointments, and we do our best to keep patients informed if their provider is running behind. Sometimes we are not always able to notify the patient before they arrive. Please understand that on any given day your wait time can vary anywhere from 30 mins to a couple of hours. Again, we do our best to see patients at their scheduled appointments, but are not always able to. If you are not able to wait to be seen, you are more than welcome to reschedule to another date. Please note, that arriving too early for your appointment, does not mean you will be seen sooner.

Multiple Providers

The Woman's Care Center, PC has two (2) Medical Doctors and three (3) Nurse Practitioners on staff. Certain providers are here on certain days and on any day, we have at least 3 providers in the office. Please understand that if you check in for your appointment and someone is called before you, it does not mean that we are skipping over you or you have been forgotten. Each provider has their own schedule and runs differently than others. If your provider is running behind, we will do our best to notify you of this. Again, if you are not able to wait to be seen, you are more than welcome to reschedule to another date.

Late/ No Show Policy

The Woman's Care Center, PC does not have a grace period for late appointments. If you are late, please note it is the provider's decision to work you back in the schedule or to ask you to reschedule. If you are going to be late, please call the office and let the front know that you are running behind and how long it will take, but it is still up to the provider. If the provider does allow you to be worked back in, you will be called back after all other appointments are worked up. This wait time can range from 30 mins to several hours. As stated before, we do our best to see patients at their scheduled times that arrive on time. If we ask you to reschedule, please understand that it is because our office can simply not accommodate you at that time. We can give you a note showing that you were here in the office and had to be rescheduled with new appointment date.

Thank you for being patient with our office and allow us to care for you or your family member!

I have read the following statements and I am aware of office information.

Name: _____

Date: _____

Signature: _____



The Woman's Care Center, PC

OB/GYN

Written Financial Policy

Welcome and thank you for choosing The Women's Care Center. We are a privately owned business partnered with Greenway Revenue System and you will receive your statements from Greenway Health Billing. We are committed to providing you with the highest quality medical care possible in a cost-effective manner. Our Personal fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area. Our billing team is pleased to discuss with you and can answer any questions you may have concerning a bill. You can reach them at 866-588-3588 or via email at billingquestions@greenwayhealth.com

Payment in full is due at the time service are rendered. As a courtesy to our patients, we accept cash, personal check and all major credit cards.

THINGS TO BRING WITH YOU AT EACH APPOINTMENT:

- Health Insurance Card(s)
- Drivers License or Valid Identification Card
- Method of Payment

APPOINTMENTS:

Please arrive for your appointments at least 15 minutes early. The latest we ask that you arrive is the appointment time given at the time of scheduling. We are unable to allow any grace period as each day moves along differently. If you arrive late to your scheduled appointment, it is at the providers discretion as to whether you can be worked back into the schedule or will need to reschedule.

It is your responsibility to verify that the physician is currently in network with your insurance plan and that you have obtained all necessary referrals BEFORE your scheduled appointment. (Failure to do so may result in your responsibility for ALL charges.)

Annual Examinations are paid for by insurance once every 366 days. It is your responsibility to notify our office if an annual examination was performed at another facility in the last 12 months. (Failure to do so will result in your responsibility for all charges.)

Please inform the receptionist of any demographic changes in phone number, address, insurance, coordination of benefits, information, etc. (Failure to notify us immediately of changes in demographic information, and/or insurance coverage may result in you being responsible for payment of any services not covered by your insurance carrier.)

PAYMENTS AND FEES:

All co-pays, co-insurance, deductible payments and self-pay payments are **due at time services are rendered.** Payments must be made at the time of check in. If you receive more than one type of service on the same day, you may be responsible for more than one co-payment. Failure to produce payment at check-in will result in your appointment being rescheduled.

It is your responsibility to familiarize yourself with your insurance policy so that you are aware of what to expect to pay at each visit. Deductibles are checked the day prior to your visit and payment amounts are calculated based off information provided on that day.

For all self-pay obstetric patients, a \$300.00 deposit is due at the time of your first appointment. Our billing assistant will contact you after the first appointment to discuss the total cost of all obstetric services and delivery. A monthly payment will be set based on the total dollar amount of planned services over a 30-week period. The monthly payments can be made at your appointment or over the phone. Any unplanned services will be billed to you.

At this time, we are unable to offer payment plans for our gynecology patients.

There will be a fee of \$25.00 for any returned checks to our office.

All balances are due prior to any further services provided by our office. Failure to pay balances may result in a discharge from the practice.

ADDITIONAL PAYMENTS AND FEES:

Patient paperwork completed by the practice will result in an administrative fee of \$20.00. This fee must be paid before the paperwork is faxed or picked up.

Any printed medical records are charged according to the following fees provided by The Georgia Department of Community Health. Payment is due at the time of obtaining medical records.

Search, Retrieval and Other Up to: \$25.88

Copying/Printing Cost for Records in Paper Form:

Per page for pages 1-20:	\$0.97
Per page for pages 21-100:	\$0.83
Per page for pages over 100:	\$0.66

IN NETWORK VS. OUT OF NETWORK INSURANCE:

Your insurance coverage benefits are a contract between you and your insurance company, and therefore all disputes must be handled between you and your insurance company.

We are contracted with multiple insurers to accept assignment of benefits.

At the time of booking appointments, please notify the receptionist of all insurance providers you have and the correct coordination of benefits.

All private/commercial insurance policies have a yearly deductible. Please familiarize yourself with your insurance policy and deductible so that you know what to expect when visiting the doctor.

If you have insurance coverage under a plan with which we do not have a contract, you may be treated as a self-pay patient.

We offer a reasonable discount for our cash paying patients. We will give you an estimate of what will be due at the time of service and payment for services is due at the time of service.

LAB/HOSPITAL CHARGES:

Our physicians have privileges with Atrium Health Navicent Baldwin. All surgeries performed by Dr. Marisol San Inocencio or Dr. Erika Lubsey will be held at Atrium Health Navicent Baldwin. Any service(s) provided by the physician at this hospital may result in a patient balance. This bill does not reflect a balance in relation with The Woman's Care Center. Any dispute of the balance should be handled with the hospital and/or your insurance carrier. **It is not the responsibility of our practice.**

Any surgery performed by our physicians is prior authorized through insurance prior to the date of surgery. It is advised that you contact your insurance prior to a surgery to confirm which procedures your insurance will and will not cover at the facilities and to request an Explanation of Benefits from your insurance carrier.

The Woman's Care Center is partnered with LabCorp to facilitate any and all labs collected at practice. Labs are paid for by your insurance carrier. Lab balances are collected through LabCorp and any disputes should be handled through LabCorp and/or your insurance carrier. **It is not the responsibility of our practice.**

REFUNDS:

Refunds are issued to the appropriate party and will be processed approximately 30-90 days from the date of the established request.

Patient refunds will be not processed until all active or past due charges are paid in full. Refunds less than \$50.00 will not be issued, unless requested, and will be credited to your account at our practice.

It is your responsibility to inquire about any potential credit/ refund within our practice. For an inquiry you can call 866-588-3588. A request will be submitted to our billing assistant and processed within 30-90 days. All refunds are given via check and must be picked up within 10 business days of date written.

By signing this document, I have fully read and understand the financial policy of The Woman's Care Center. I will cooperate with the above practice and the billing department of Greenway Health Revenue Services to ensure payment for my services. I understand that I will be responsible for any cost(s) associated with the collection of my account if I default on this agreement. I understand that the terms of this financial policy may be amended at any time without prior notification to me, the patient. In the event that the patient is a minor, I am the parent and/or legal guardian of said patient and agree that I am responsible for payment for all services rendered to patient herein.

Date _____

Printed name of patient/parent/guardian.

Date _____

Signature of patient/parent/guardian.

You may obtain a copy of this agreement upon request of the front desk staff.

www.thewomanscarecenter.com

1001 FERNWOOD DRIVE • MILLEDGEVILLE, GEORGIA • 31061 • TELEPHONE (478)453-8100 • FAX (478) 453-4475

The Woman's Care Center, PC Patient Evaluation

Patient Name:		DOB:	
PCP:		Pharmacy:	
Personal Past/Present medical Conditions			
Major Illness	Yes	Major Illness	Yes
Anemia		Heart Attack	
Arthritis/ Joint Pain		Heart Disease	
Asthma		Hepatitis	
Autoimmune Disease		High Blood Pressure	
Blood Clot(s)		High Cholesterol	
Blood Transfusion (s)		HIV/AIDS	
Bowel Problems		Kidney Infection/ Stones	
Broken Bones		Lung Disease	
Cancer Type:		Mental Disorder	
Cataracts		Reflux/ Ulcer	
Depression and/or Anxiety		Seizures/ Convulsions/Epilepsy	
Diabetes		Sexually Transmitted Disease	
Eating Disorder		Stroke	
Migraines		Thyroid Disease	
Other:			
Family Medical History			
Mother:		Father:	
Siblings:		Aunt/Uncles:	
Maternal Grandparents:		Paternal Grandparents:	

GYN History (please check if current or past)

Abnormal Bleeding		Hysteroscopy	
Abnormal Pap Smear Results:		Infertility	
Abdominal Surgery		Ovarian Cysts	
Breast Problems What kind:		Osteoporosis	
Cesarean Section How Many:		Sexual Problems	
Dilation & Curettage		Sexually Transmitted Disease	
Endometriosis		Uterine Abnormality	
Fibroids		Urinary Leakage	
Hysterectomy Type:		Vaginal/Vulvar Infection/Lesion	

Date of Last Pap		Date of Last Mammogram	
Date of Last Bone Density		Date of Last Colonoscopy	

Obstetric History

Age of First Period:			
How often do you have periods		Full Term (Delivered after 37 weeks)	
How long are your periods		Pre-term (Delivered before 37 weeks)	
Last menstrual period (1 st Day)		Multiples	
Are you currently Pregnant		Miscarriages/ Ectopics	
Menopausal Status		Elective Abortions	
Are you Sexually active		How many Living	
What do you use for Birth Control			

Pregnancy Details	#1	#2	#3	#4	#5
Pregnancy Outcome <small>F=Full Term; P=Pre-Term; M=Miscarriage</small>					
Delivery Date					
Weeks at Delivery					
Epidural/Anesthesia					
Delivery Type <small>V= Vaginal; C= C-Section; VBAC</small>					
Location/ Delivered By					
Baby Sex					
Baby Weight					

Complications of Pregnancy	#1	#2	#3	#4	#5
Gestational Diabetes					
Gestation Hypertension					
Pre-Eclampsia					
Postpartum Hemorrhage					
Preterm Labor					
Size Discrepancy					
Placenta/Amniotic Fluid					
Other:					

Please add anything that you would like to discuss with the provider that has not been previously listed.



The Woman's Care Center, PC

OB/GYN

HIPPA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY

Uses and Disclosures

Treatment Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment Your health information may be used to seek payment from your health plan, from other sources of coverage, such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations Your health information may be used as necessary to support the day-to-day activities and management of The Woman's Care Center, PC. For example, information on the services you received may be used to support budgeting and financial reporting, and to comply with government-mandated reporting.

Law Enforcement Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization Disclosure of your health information or its use for any purpose other than those listed above, requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without

your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

Additional Uses of Information

Appointment Reminders Your health information will be used by our staff to send you appointment reminders.

Information about Treatments Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing over health-related products and services that we believe may interest you.

Fundraising Unless you request us not to, we may use your name and other information necessary to support our fundraising efforts. If you do not want to participate in fundraising efforts, please let our staff know.

Marketing Unless you request us not to, there are some marketing activities that we may use your name and address for, to provide you with information about services available at our practice. If you'd rather not receive marketing communication from our practice, please let our staff know.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to opt out of fundraising communications
- The right to restrict certain types of uses and disclosures of your protected health information
- The right to receive a printed copy of this notice

Woman's Care Center, PC Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this "Notice of Privacy Practices." We also are required to abide by the privacy policies and practices that are outlined in this notice. In the event of a breach of unsecured protected health information, if your information has been compromised it is our duty to notify you.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulation. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Request to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the receptionist. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Further Information & Complaints

The name and address of the person below, is who you need to contact for further information concerning our privacy practices. If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Office Manager
The Woman's Care Center, PC
1001 Fernwood Drive
Milledgeville, GA 31061

Effective Date: This notice is effective on or after September 23, 2013

This notice was revised on May 4, 2022

www.thewomanscarecenter.com

1001 FERNWOOD DRIVE • MILLEDGEVILLE, GEORGIA • 31061 • TELEPHONE (478)453-8100 • FAX (478) 453-4475