

Dear New Patient,

Thank you for choosing Women's Care Group for your GYN care. We are located on the second floor of the Medical Office Building, and share some information with you that will help you prepare for your visit to our office.

Patient Information Sheets:

Please take a few moments to fill out the enclosed information sheets and **bring them, completed**, to our office the day of your appointment.

What to expect on your first visit:

The nature of any problem you may have will determine the extent of the initial examination.

Office Information:

Our office hours are Monday – Friday 8:00 AM to 5:00 PM and we are closed weekends and holidays. Our practice is affiliated with Blount Memorial Hospital.

Information to bring on your first visit:

Please bring your current insurance card, a detailed list of current medications, and **this notice**. These three items will expedite your office encounter.

We would appreciate a 24-hour notice of cancellation if you find you are unable to come for your appointment. To cancel, please call (865) 546-1642.

**Women's Care Group Knoxville / Maryville
CONFIDENTIAL NEW PATIENT REGISTRATION**

***Copies of your insurance cards must be presented and will be copied and verified
A copy of your driver's license is required***

PATIENT INFORMATION

Name: _____ Social Security#: _____

Address: _____ Race: _____

Home Phone #: _____

City, State, Zip _____ Cell Phone#: _____

Referring MD: _____ Date of Birth: _____

Primary Care MD: _____ Age: _____

Marital Status [] Married [] Single [] Widowed

PATIENT EMPLOYMENT

Employer Name: _____ Phone: _____

SPOUSE'S INFORMATION

Name: _____ Social Security#: _____

Employer Name: _____ Date of Birth: _____

EMERGENCY CONTACT(S)

Name: _____ Phone#: _____

Name: _____ Phone#: _____

How did you hear about us? ____ Family ____ Friend ____ Church ____ Word of Mouth

____ Yellow Pages Ad ____ MD Referral ____ Other

Would you like information regarding a living will or Power of Attorney? ____ Yes ____ No

Signature: _____ Date: _____



LISTENING TO YOU. CARING FOR YOU. CLOSE TO YOU.

Patient Disclosure and Agreement

Name: _____ Today's Date _____

Your insurance contract will not cover more than one of the following visits per day. These visits cannot be combined. If you have more than one of the following we will be happy to schedule an appointment specifically for that reason for another day. This also helps our office respect your time and other patient's time by staying on schedule.

Indicate only one of the following:

_____ **Annual Gynecologic Examination** (breast and pelvic exams, Pap smear, prescription refills)

_____ **Problem Visit and Examination** (bleeding problems, infections, pain, hormonal problems, menopause, surgery scheduling, contraception counseling, etc.)

_____ **Consultation for a Second Opinion or Consultation from a referring physician.**

If you are scheduled for the following, please indicate which one(s). Insurance contracts allow these tests to be performed on the same day as one of the above visits or on a separate day.

_____ **Lab Tests** _____ **Bone Density (DEXA)** _____ **Pelvic Ultrasound**

_____ **Urodynamics** _____ **Pregnancy Nonstress Test**

Indicate what your insurance contract covers:

_____ **My insurance contract covers annual gynecologic examinations.**

_____ **My insurance contract covers problem visits by a gynecological specialist.**

_____ **My insurance contract covers consultations by gynecological specialist.**

_____ **My insurance contract covers diagnostic tests.**

_____ **I do not know what my plan covers, but I want to be seen for the above indication anyway. I know I may be responsible financially for these expenses.**

Patient/Responsible Person's Signature: _____



LISTENING TO YOU. CARING FOR YOU. CLOSE TO YOU.

Acknowledgement of Notice of Privacy Practices

I have been given the opportunity to review the Notice of Privacy Practices and understand that the Notice describes how my protected medical information may be used and disclosed and how I may get access to this information. I have also been given the opportunity to take a copy of the Notice of Privacy Practices for further review.

If for some reason the facility needs to relay my protected health information, i.e. lab results or billing issues, you can either leave or discuss the information with the following individual(s):

1. _____
2. _____
3. _____
4. _____
5. _____

By signing below, I agree to the fore mentioned statements.

Patient or Guardian

Date

(If Guardian, relationship to patient)

Patient Name

DOB

Account Number/Chart Number



LISTENING TO YOU. CARING FOR YOU. CLOSE TO YOU.

PATIENT AUTHORIZATION

Patient Name: _____

Account #: _____

Date: _____

Regardless of your insurance coverage, you as the patient are always responsible for the payment of your charges. Unless you have Medicare, or an HMO, or a PPO membership office charges are to be paid by cash, check or credit card at the time of service. Counselors are available to discuss large dollar charges and payment schedules.

Authorization & Assignment:

I authorize WCG to release any information acquired by my physician/or staff to my insurance carrier(s). I authorize payments directly to my physician. I recognize and accept responsibility for any balance or fees not covered by insurance and agree to pay the balance in a prompt manner. In any event this account is referred to an outside agency, credit reporting bureau or attorney for collection, I agree to pay all attorney fees, collection costs, court costs and/or any other expenses incurred in its collection, according to the 1989 statues of the State of Tennessee.

Signature: _____

WOMEN'S CARE GROUP

LISTENING TO YOU. CARING FOR YOU. CLOSE TO YOU.

The Caring Doctors of Women's Care Group:

Kimberly R. Ballard, MD., FACOG

Kimberly W. Collins, M.D., FACOG

John C. McAmis, M.D., FACOG

Richard C. Metelka, M.D., FACOG

Patrick L. Morgan, M.D., FACOG

Julie C. Turner, M.D., FACOG

Our Nurse Practitioner:

Janice Y. Grigsby, RNCS – FNP

Offering Extraordinary Personalized Care

Gynecologic Services Include:

- Annual pelvic exams & pap smears
- Breast exams & counseling
- Contraception
- Solutions to pelvic pain, abnormal bleeding & incontinence, including, laparoscopy & pelvic floor reconstruction
- Menopause counseling & hormone therapy for menopausal women
- Urodynamics

Obstetric Services Include:

- Complete maternity care & delivery, including infant intensive-care services
- Abdominal & vaginal sonograms
- Fetal Monitoring
- VBAC (vaginal birth after caesarean)
- Tubal Ligation

Infertility Evaluation and Treatment Services are Also Available

Conveniently Located at Blount Memorial Hospital

Blount Memorial Medical Office Building—1029 E. Lamar Alex. Pky

Visit Our Website
www.wc-grp.com

Call for Your Appointment
(865) 546-1642

Directions to our Office

Women's Care Group-Maryville Office

1029 East Lamar Alexander Parkway
Maryville, TN 37801

Phone: (865) 546-1642

Directions:

From Knoxville:

Travel Alcoa Highway to Maryville. 3/4 of a mile after passing the airport the road divides. Bear to the left towards Townsend and Maryville. Continue until reaching Blount Memorial Hospital on the left. Turn left into the hospital at the light signal and park in the lot on the right. Enter through the double glass doors and turn to the right. Take the elevator to the second floor and follow the signs.

From Madisonville:

US 411 north into Maryville. Turn right onto US 321 (Lamar Alexander Parkway). Turn left at light into Blount Memorial Hospital and park in lot on the right. Enter through double glass doors and turn to the right. Take the elevator to the second floor and follow the signs.

From Townsend:

Take US 321 to Maryville. Turn right into Blount Memorial Hospital and park in lot on the right. Enter through double glass doors and turn to the right.