

WOMEN'S CARE GROUP

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

Hello!

Thank you for choosing Women's Care Group for your prenatal care. In an effort to speed up the inevitable paper work, and better expedite your office encounter, please complete the enclosed information sheets and bring them with you when you come in for your first OB visit along with your current insurance card and the appointment reminder.

Please note this insurance-related requirement about your OB care.

If your insurance company is a managed care plan, we may be restricted from taking care of your colds, sore throats, or any other illness that is not specifically related to your pregnancy.

If you have any health concerns **not** related to your pregnancy, your insurance **might** require that you either see your primary care, family practice, or internal medicine physician; or get your physician to approve his/her referral to your obstetrician at Women's Care Group.

We apologize for any inconvenience that this may have imposed by your insurance payer. Thank you for understanding, and we look forward to seeing and caring for you.

If you have any questions, please do not hesitate to contact the office at (865) 546-1642.

Thank you.



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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

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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: _____



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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: _____



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OBSTETRICAL CARE BILLING AND DEPOSITS

Women's Care Group will do all insurance filing for you during your pregnancy. We will resubmit any denied claims that are necessary. We will file any type of testing such as lab work or ultrasounds at the time of service. Your global delivery charge will be filed when you deliver.

The global delivery charge consists of antepartum care during your pregnancy. This includes monthly visits up to 28 weeks gestation; biweekly visits to 36 weeks gestation and weekly visits until delivery. The physician's delivery service is included in the global charge. Postpartum care until 45 days after delivery is also included in the global charge.

All other services will be an additional charge. These additional services would include such items as lab work, ultrasounds, amniocentesis, non-stress tests, fetal biophysical profiles, etc. Any office visits outside of the routine antepartum care listed above will be an additional charge. You may also receive statements from other sources such as Associated Pathologists or University Pathology. Any specimen sent out of our office for testing is an additional charge and is billed through that providers billing office.

You will receive statements during your pregnancy if you have a balance in the patient responsibility portion of your account. This would happen after we receive an explanation of benefits from your insurance company showing you are responsible for a portion of the billed service.

We do require an obstetrical deposit based on your insurance benefits. This deposit will cover any amounts that your insurance company deems to be your responsibility. This may include any deductible that is not met when services are filed to your insurance, copays/coinsurance amounts or non covered items under your insurance plan.

If you have any questions regarding your billing please feel free to contact our Financial Services Department at 865-544-6708.