

WOMEN'S HEALTH TODAY



*Adult & Adolescent
Gynecology, Obstetrics,
Fertility, Midwifery &
Lactation Consultation*

Maxine E. Bauer, M.D.
Physician & Surgeon

Desiree S. Bley, M.D.
Physician & Surgeon

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Physician & Surgeon

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Physician & Surgeon

Oscar R. Polo, M.D.
Physician & Surgeon

Liana A. Corliss, F.N.P.
Family Nurse Practitioner

Karen C. Parker Linn, C.N.M.
Certified Nurse Midwife

Dear Patient,

We are glad you have scheduled your annual exam with

_____ on _____

at _____ am / pm. (check – in)

If for any reason you will not be able to keep this appointment, we ask that you call our office as soon as possible to reschedule it. This will allow us to be able to offer this time to others who are in need of an appointment.

An annual exam or well woman exam consists of a pelvic examination, pap smear, and breast examination. If you are having problems or have concerns you would like to discuss with your provider, which are more in-depth, please let our office know so that your appointment time can be scheduled accordingly.

Some insurance companies pay for annual examinations, while others do not. We request that you confirm with your insurance company in advance to ascertain whether or not you have benefits for preventive or annual examination care.

The insurance industry is very strict about how we bill for services and it is a requirement of the law that we bill accurately for the services we provide. If you are scheduled for an annual examination, that is what we will be required to bill. In many cases insurance companies require a referral from your primary care provider for services other than the annual examination or the service will not be paid. If you come to your annual examination with other problems and we will need to bill for the problems for which you were seen, a referral might be required and your annual examination may need to be rescheduled.

We are looking forward to seeing you in the near future. Please do not hesitate to contact our office and speak with our receptionists or account representatives if you have any questions. We are happy to assist you in understanding what benefits you may have.

Acknowledgement

I understand that I am financially responsible to the provider(s) for charges not covered by my insurance plan.

Signature

Date

Print Name