

NAME \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SEX \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ SS#: \_\_\_\_\_  
PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_  
MARITAL STATUS \_\_\_\_\_ RACE \_\_\_\_\_ ETHNICITY \_\_\_\_\_  
LANGUAGE SPOKEN \_\_\_\_\_ LIVING WILL Y \_\_\_\_\_ N \_\_\_\_\_

NEXT OF KIN:  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_  
RELATION: \_\_\_\_\_ OTH PHONE: \_\_\_\_\_

PATIENT EMPLOYER:  
COMPANY NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE-Primary  
INS Co NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ SUBSCRIBER \_\_\_\_\_  
RELATION \_\_\_\_\_ SUBSCRIBER DOB \_\_\_\_\_  
Employer of Subscriber \_\_\_\_\_ Address \_\_\_\_\_  
ID # \_\_\_\_\_ GROUP # \_\_\_\_\_  
GROUP NAME \_\_\_\_\_

INSURANCE-Secondary  
INS Co NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ SUBSCRIBER \_\_\_\_\_  
RELATION \_\_\_\_\_ SUBSCRIBER DOB \_\_\_\_\_  
Employer of Subscriber \_\_\_\_\_ Address \_\_\_\_\_  
ID # \_\_\_\_\_ GROUP # \_\_\_\_\_  
GROUP NAME \_\_\_\_\_

Estimated Due Date: \_\_\_\_\_ Physician: Dr. Rebecca Cipriano



# Attn: Pre – Natal Patients

Dear Mom - to - Be,

First, we want to congratulate you again on your pregnancy. We know this is an exciting time for you and we're honored that you've chosen our practice to provide you outstanding care throughout the duration of your pregnancy.

Please be aware that you may be sent for visits to a high risk maternal fetal medicine specialist for a variety of reasons, including (but not limited to) genetic counseling, nuchal translucency, level II ultrasounds, and follow up high risk ultrasound scans.

**PLEASE NOTE: Your visits to maternal fetal medicine physicians will be with physicians not employed by Healthy Woman. If you require a referral or preauthorization for these services, it will be your responsibility to obtain the correct needed information from Healthy Woman. However, these visits may be done in our private offices or performed in locations unaffiliated with our practice. You may receive additional bills from the perinatology group and/or the facility where the scans are performed (including but not limited to lab work). These bills are not generated from our office; therefore, any billing issues or questions that arise in conjunction with these bills must be addressed to the entity sending the bill.**

- Our office will gladly provide an appropriate referral and/or pre-certification for these visits.
- However, it is **your responsibility** to inform our office within 48 business hours that you need a referral and/or pre-certification.
- By signing below, you are acknowledging that you understand that if you do not provide adequate notice of a required referral and/or pre-certification, Healthy Woman will not held responsible for outstanding bills.
- Please contact your insurance company to determine if the referring provider / Laboratory participates , your specific benefits, and eligibility requirements

We once again thank you for choosing us and congratulate you on your pregnancy.

I acknowledge that I have read and understand the above statements.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Date

Joseph Cipriano, M.D. FACOG  
 Rebecca Cipriano, M.D. FACOG  
 Susan Pacana, M.D. FACOG  
 Neeti Misra, M.D. FACOG  
 Elizabeth Scheff, M.D. FACOG  
 Borislava Burt- Libo DO  
 Julie Leizer, M.D.

www.healthywomanusa.com

*Stephanie Serrentino*  
Executive Director

*Grace Kasnowski*  
Prenatal Coordinator

**Freehold**  
 312 Professional View Drive  
 Building 300, Second Floor  
 Freehold, NJ 07728  
 Ph: (732) 431 - 1616  
 Fax: (732) 866 - 7962



**Colts Neck**  
 340 Highway 34  
 Suite D-2  
 Colts Neck, NJ 07722  
 Ph: (732) 431 - 1616  
 Fax: (732) 866 - 7962



Joseph Cipriano, M.D. FACOG  
Rebecca Cipriano, M.D. FACOG  
Susan Pacana, M.D. FACOG  
Neeti Misra, M.D. FACOG  
Elizabeth Scheff, M.D. FACOG  
Borislava Burt- Libo DO  
Julie Leizer, M.D.

www.healthywomanusa.com

Stephanie Serrentino  
Executive Director

Grace Kasnowski  
Prenatal Coordinator

**Freehold**  
312 Professional View Drive  
Building 300, Second Floor  
Freehold, NJ 07728  
Ph: (732) 431 - 1616  
Fax: (732) 866 - 7962



**Colts Neck**  
340 Highway 34  
Suite D-2  
Colts Neck, NJ 07722  
Ph: (732) 431 - 1616  
Fax: (732) 866 - 7962

## Billing for Cord Blood Collection

Dear Patients:

We are happy to provide Cord Blood Collection Services for our patients. However, if this service is not covered by your insurance plan, we will bill you \$300.00 for the collection services and provide you a copy of the receipt and EOB to submit to your Cord Blood bank of your choice. This office works with most Cord Blood Facilities which offer a rebate to patients.

Please call the Cord Blood Facility regarding any questions about their services.

Thank you,

Healthy Woman Obstetrics and Gynecology

---

### Waiver

\_\_\_\_\_ I agree to pay Healthy Woman Obstetrics and Gynecology for services associated with collections of cord blood banking if my insurance company does not provide payment for this service. The fee, if not paid by my insurance company, is \$300.00 and will be billed to me directly.

\_\_\_\_\_ At this time I have declined to have services rendered by a Cord Blood Company. However in the event I do participate with a cord blood banking company, I agree to pay Healthy Woman Obstetrics and Gynecology for the services associated with collections of cord blood banking if my insurance company does not provide payment. The fee, if not paid by my insurance company, is \$ 300.00 and will be billed to me directly.

\_\_\_\_\_  
Patient Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date