



MEDICAL SERVICES WAIVER

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I understand that I am presenting myself in the office today for medical services which may include obstetrical and gynecological care provided by Healthy Woman OBGYN physicians, nurse practitioners, nurse midwives, and other staff. While many insurance companies cover the services that may be performed, such as an annual well exam (including pap smear, breast exam, other age appropriate screenings), biopsies, colposcopies, and injections, I have been informed that some insurance companies do not. If my insurance company does not pay Healthy Woman OBGYN for the services performed today I understand that any charges incurred during my exam will be my financial responsibility.

I understand that I will also be responsible for any copay or coinsurance payment due to Healthy Woman OBGYN at the time of services, per the requirements of my health insurance plan contract.

Lastly, I understand that if I require a referral or preauthorization for Healthy Woman OBGYN's services or any additional services recommended by Healthy Woman (including but not limited to radiology and lab work). I am responsible for either obtaining the correct referral OR notifying the office within forty eight (48) hours of the date of service to obtain an authorization. If I fail to do so, I will be responsible for the balances billed by Healthy Woman OBGYN or outside parties for these services.

X _____
Patient Signature

Print Patient Name

If patient is under 18:

X _____
Parent/Guardian Signature

Print Patient Name

Date: ____/____/____