WELCOME TO VALLEY WOMEN’S HEALTHCARE

You are scheduled for an Annual Exam. This is the routine yearly physical which includes a Pap Smear and a Breast Exam. We receive numerous questions regarding the billing of these visits so this information is provided in an attempt to answer your questions before your exam.

Some insurances state they will cover a yearly pap smear. This does not mean they will cover the doctor visit which is required to obtain the Pap smear.

Unless you have Preventative Medicine coverage on your insurance plan, today’s visit will probably not be covered by your insurance company. Today’s visit will be billed to your insurance company as a routine annual exam with preventative medicine codes. This is required by the Federal coding guidelines.

If your insurance does not cover the annual exam we will not be able to re-bill by changing any of the codes as this is considered fraudulent and subject to fines and penalties!! Please do not ask us to change the coding and re-bill.

If you have other physical conditions which require treatment at this time, a second charge with an evaluation and management (E/M) code will be billed to your insurance with the appropriate diagnosis codes and treatment plan.

All lab work from your visit is sent to outside labs, so you will also be receiving separate bills from the lab. Different types of lab work are sent to different labs so you could receive bills from more than one lab. You will want to be sure that your lab work is sent to a lab that is contracted with your insurance company. If you don’t know which labs are contracted you can find out by calling your insurance company.

If you have any questions regarding your insurance coverage you can contact your insurance company or your employee benefit representative.

Questions about bills received from this office can be directed to the Bookkeeping office Monday through Friday between 8:30am and 5:00pm.

I have read and understand the above information. If my insurance company denies payment for today’s visit, I know I will receive a statement for the visit and that I am financially responsible for payment.

________________________________               ___________________
Patient Signature               Date