

ADVANCED WOMEN'S HEALTH & MEDI SPA

Welcome to our office! In order to efficiently serve your healthcare needs, we would like to inform you of our office policies and billing procedure requirements. It is your responsibility to provide Advanced Women's Health (AWH) with current insurance information and they require you to make your co-payment at each and every office visit. If co-payment is not paid at the time of your visit, or if our office must rebill your visit due to incorrect insurance information, a \$25.00 billing fee will be added to your account that will not be covered by the insurance company. We accept cash, check, Visa, MasterCard, and Discover for your convenience. All non sufficient checks will be charged a \$50.00 return check fee.

If you are seeing one of our Primary Care Providers (PCP), and your insurance company requires you to designate a PCP, you will need to contact them and inform them of the change. Your insurance company will not pay for your visit or allow referrals if you have not designated our provider as your PCP.

It is important for you to have recommended preventative tests and screenings in order to stay healthy. Although most insurance companies cover preventative health and exams, some do not. Charges not covered are your responsibility. Because of restrictions placed on us by insurance companies, we are unable to address chronic or acute medical conditions during preventative exam appointments. We ask that you schedule these appointments separately.

If problems exist or are found during your exam, they will be documented in your medical record and when appropriate, will be addressed and billed additionally according to coding regulations. If your provider is able to evaluate additional concerns on the same day as a preventative exam, those will be billed as a separate visit charge, incurring a separate co-pay per insurance mandates.

You will receive a separate bill for Lab Corp for pap smears, cultures, and biopsies associated with female health care. If you know your insurance contracts with a different lab, please let our staff know so that we may assist you in sending you specimens to the correct laboratory.

We make a special effort to see our patients in a timely manner and therefore ask that you allow sufficient time to arrive for your appointment. **If you are more than 10 minutes late, your appointment will need to be rescheduled.** We also require 24 hours notice for appointment cancellations and rescheduling. **If cancellations or rescheduling occurs within 24 hours of your appointment time, a \$85.00 fee will be added to your account.**

We are committed to providing compassionate and comprehensive medical care while offering the complete women's health choices that you deserve. We look forward to a lasting healthcare relationship.

Patient signature: _____ Date: _____

ADVANCED WOMEN'S HEALTH & MEDI SPA
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