



## **ABOUT OUR PHYSICIANS AND SERVICES**

Thank you for choosing our facility for your care. Our providers practice state-of-the-art specialty care in Gynecology and strive to provide the best evidence-based medicine to our valued patients.

Our focus is the prevention of disease and the treatment of complications. To serve our patients better, we are offering as many services in our office as possible.

**PATIENT PORTAL.** Log onto our patient portal at <https://patient.nuemd.com/cfwh> to update and access your medical records.

**OFFICE HOURS.** Our office hours are by appointment only, Monday and Friday 8 am to 4 pm Tuesday thru Thursday from 8 am to 6 pm. Hours are subject to change.

**REFERRALS AND INSURANCE.** Please bring your insurance card, photo ID and your referral (if your insurance requires one). If your insurance requires a referral and you do not have your insurance card, photo ID or referral with you, you will be rescheduled.

If we participate with your insurance, we will file a claim for you. Please understand that any charges denied by your insurance company or that are not covered by your insurance company will become your financial responsibility. It is your responsibility to know if there is a pre-existing clause or a maximum allowable amount on your insurance. If your insurance denies a claim due to a preexisting condition or because you have passed your maximum allowed amount, the bill will become your financial responsibility.

**Co-pays are due at the time of service.** We accept cash, check, Visa, Master Card, Discover or Care Credit.

**REQUEST FOR FORMS AND MEDICAL RECORDS.** If you request a copy of your medical records to be sent to another physician (with your written permission) there will be a charge of \$.73 a page and an additional \$22.18. If you want to pick the records up in our office there is only a charge of \$.73 a page. If you want your records mailed, there will be an addition fee for postage along with the regular fees. Fees must be paid in full before records are released.

### **Out of Pocket Expenses**

***Missed appointment fee*** (canceled with less than 24 hours notice) \$35.00

***Returned check/declined card*** fee \$35.00

***Medical Records Request*** (no fee to requesting physician)

- \$22.18 processing + postage
- \$.73 per page
- If records are picked up at Center for Women's Health, \$.73 applies

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**LABS.** Center for Women's Health currently uses Genpath (Bioreference) Laboratories as our in house lab. All labs and cultures done in the office will be sent to Genpath unless your insurance dictates otherwise.

**PHONE CALLS AND MESSAGES.** Mondays and Fridays are our busiest days for phone calls. If we are unable to answer your call, please leave a voice message. The voice mail is checked several times throughout the day. Please allow 24 to 48 business hours for a return call. If your call is urgent, please state so and someone will call you back by the end of the day.

**PRESCRIPTIONS.** We ask that you have a list of all medications you need when you come for your visits. If you are in need of a routine prescription refill, please allow 48 business hours. **We do not guarantee your prescription will be filled the same day.** Please have your pharmacy send a prescription refill request to us so we may provide prompt service in processing the request. **PLEASE DO NOT PAGE THE PROVIDERS FOR MEDICINE REFILLS.** Such a request will not be considered.

**SURESCRIPT.** Prescription system that allows prescriptions and related information to be exchanged between my providers and the pharmacy. The information sent between these systems may include details of any and all prescription drugs I am currently taking and/or have taken in the past. This information will be utilized to WOMENS HEATH CARE OF DELMARVE PA

**WELL WOMAN EXAM.** Well woman preventive care visit annually for adult women to obtain the recommended preventive. Well Woman Exam includes a breast and pelvic exam. It does not include a discussion of new problems or a detailed review of chronic conditions.

**HIPAA LAWS.** Patient privacy is very important to us. We cannot discuss your medical information with anyone unless you list their name in the patient contact information sheet. ALL patients 18 y/o and OVER must sign all forms themselves and designate who medical information can be released to.

**I AGREE TO TAKE AN ACTIVE PART IN MY HEALTH CARE BY KEEPING MY FOLLOW-UP VISITS AND HAVING LAB WORK DONE AS ADVISED BY MY PHYSICIAN.**