

## **New Patient Information**

Welcome to our practice! We look forward to meeting you on your scheduled appointment at one of our four locations.

We respect your time and want to make your visit with us as pleasant and efficient as possible. We hope the following information will be of some help to you and will also assist us in your care.

## **UNDERSTANDING YOUR INSURANCE BENEFITS**

You have health insurance. But insurance benefit plans are complicated. How do you know what will be covered, and what does it mean when you receive a bill?

The following information is intended to help you better understand the elements of your insurance plan, and circumstances under which you may be responsible for a portion of the cost of your healthcare.

### **What does it mean for a service to be a “covered benefit”?**

A “covered benefit” means that your insurance company believes that the service is medically appropriate care for you, and your employer has agreed to include that service on your benefit plan.

### **If a service is covered, why did I receive a bill?**

It is increasingly common for patients to receive bill for “covered benefits.” This is referred to as “patient cost-sharing” and represents your responsibility for the cost of your health care. Common types of cost-sharing include:

**Deductible:** A flat amount you must pay out of pocket before most services are covered. Some services, like preventative care and medications may be paid for by your insurance company even if you have not met your deductible.

**Co-insurance:** Your insurance company pays a percentage of the total charge for a service, and you pay a percentage of the total charge. Your portion is called “co-insurance.”

**Co-pay:** A flat fee that you pay for certain services. You may have a co-pay for your office visits and medications.

## **I received a bill, and I'm not sure if it was a mistake. What should I do?**

If you believe your insurance company may have processed your claim incorrectly, call the customer service number listed on your insurance card. If you believe your healthcare provider billed you incorrectly (whether it is the laboratory, hospital, or your doctor), call the phone number on your bill for assistance.

### **Financial Policy:**

- [Financial Policy](#)
- [Obstetrical Care Fees](#)
- [Surgical Policy](#)
- [Patient Payment Policy](#)
- [Security of Patient Financial Data](#)

## **MEDICAL INFORMATION**

In order for our providers to perform a comprehensive examination, we request that you bring the following items to your first appointment:

1. A completed Patient Information Form along with the appropriate Health History Forms (a) [gynecological](#), (b) [obstetrical](#) or (c) [infertility](#). This assists us in maintaining an accurate record of personal and insurance information.
2. All medical reports related to this condition, if applicable
3. Please provide all medications you are taking including the strength and dosage
4. All insurance information  
\*\*\*If you were involved in a motor vehicle accident, please have the claim number and address of where the claim should be sent.

## **MEDICAL INSURANCE**

If we participate with your medical insurance we will file the claim with your insurance company based upon the information you provide us. We request, however, that you also bring all insurance identification cards with you to your visit to ensure accurate and prompt submission of charges incurred. We require all insurance co-pays be paid at time of service. If we do NOT participate with your medical insurance, office visits must be paid at time of service.

## **CANCELLATION**

Our appointments are made on a limited basis. Please notify us as early as possible if you are unable to keep your appointment.

## **CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION**

As you probably already know, Partners in Women's Healthcare is required by law to maintain the privacy of your health information ("protected health information") and to provide you with notice of our legal duties and privacy practices with respect to your protected healthcare information. Partners in Women's Healthcare have always been very conscientious about the confidentiality of our patients' health information. Our [Notice of Privacy](#) is included on our web site. It is also our policy to inform each patient or power of attorney (POA) of the existence of the [Notice of Privacy Practices](#) and request each patient (or POA) to sign our [Acknowledgment Form](#) . Furthermore, Partners in Women's Healthcare will not routinely release any of your health information to anyone including family members unless the patient is a minor or unless you as the patient sign the appropriate form authorizing release of healthcare information to a designated individual/s. Please complete an [Authorization Form](#) if you wish to designate another individual/s access to your protected health information.

If you have any questions regarding the above information or if we may be of further assistance, please do not hesitate to call us. Again, we look forward to meeting you!

Sincerely,

Robert delRosario, MD  
Corporate President