



Explanation of Fees for Gynecological Visits

We are required by our contract with your chosen insurance carrier to file your claims according to the services that we provide. There are two basic types of visits:

1) Routine, Well Women, Preventative, or Yearly Visit: These are visits to prevent health problems and to review any recommended age-appropriate screening tests such as mammograms, pap smears, and bone density analysis. Weight, smoking, diet, constipation, vaccinations, sterilization, contraception, STD screenings and lipid screening might be addressed. This is not a visit to discuss current problems that you might be having that need to be addressed or to prescribe new medications. Current prescriptions may be refilled if there are no changes to your health since you were last seen. Insurance only covers these types of visits once a year. If your claim is denied for this reason, we will bill you for this visit as non-covered.

2) Problem/ Follow Up Visits: These are visits to address symptoms or complaints that might signify the need for diagnosis and treatment or require the ordering of further testing for evaluation. They may be for illness or follow up of a medical condition. These types of visits may be for menopause symptoms, period problems, infertility, headaches, insomnia, sexual dysfunction, fatigue, depression, pain, etc. These visits will focus on the problems that you want to discuss. The visit may or may not include an examination.

Your coverage for these two types of office visits is determined by your particular insurance contract. It is your responsibility to know what is covered at 100%, what is covered with a deductible and/or a copayment, and what services are not covered.

If you want to have your visit limited to a Preventative/Annual Visit it is your responsibility to make that known prior to seeing Dr. Jill. If your visit expands to a Problem Visit as described above, the visit will be billed accordingly and additional deductibles and copayments will be applied.

We will make every effort to help you maximize your insurance coverage but we will bill according to national billing guidelines. We will not be able to honor requests to change what was billed at any time unless there was a billing/coding error.

At either type of visit, laboratory testing may be ordered. We will code the reason for the testing appropriately but the laboratory is responsible for billing your insurance. For lab work, you may still be responsible for deductible and copayment even if the visit is covered at 100%. It is important to know what lab is preferred for your insurance and to let the office staff know at the time of your visit. All labs drawn in the office are sent to and billed by Labcorp.

Signature of patient or responsible party

Date