

# **Women's Healthcare Center Notice**

## **New Practice Policies effective 5/16/05**

Please be advised our practice will only see patients with IDPA insurance under the following circumstances:

1. If you are being seen for pregnancy.
2. If you are an established patient with Dr. Chatterji you can be seen for a Gynecologic condition.
3. Dr. Lamoutte will no longer see Gynecology patients with IDPA.

Please be advised our office will no longer file claims to secondary insurance companies and it will be the patient's responsibility to pay any balances left on their account. If you have a second insurance, and choose to file to them for reimbursement, it will be your responsibility to contact our billing office for the appropriate forms to submit to your secondary insurance.

We apologize for any inconvenience this may cause and look forward to participating in your future healthcare needs.

Women's Healthcare Center

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### **Secondary Insurance Waiver:**

I understand effective 5/16/05 Women's Healthcare Center will no longer file claims to secondary insurance company, and I will be responsible to pay any balances left on my account. If I decide to collect reimbursement from my secondary insurance, it will be my responsibility to submit the necessary forms to them. I understand I can contact the billing service for Women's Healthcare center for these forms once my primary insurance has processed my claims.

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### **Surgery Notice:**

I understand that my insurance eligibility and benefits will be checked prior to any scheduled surgery and I will be contacted with the amount I am responsible for as a result of insurance deductibles, co-insurance, and or co-pays. I will be expected to pay this amount 7 days prior to my scheduled surgery date and understand my surgery will be re-scheduled if I am unable to meet my financial obligations. I also understand if I cancel my surgery for non-emergency purposes within 7 days of the surgery date I will be responsible for a \$500.00 cancellation fee due immediately upon cancellation.

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### **Office Procedure Notice:**

I understand there will be a cancellation fee of \$100.00 for all in-office procedures including but not limited to: COLPOSCOPY, LEEP, URODYNAMICS, and PELVIC FLOOR REHABILITATION.

This cancellation fee applies for services canceled for non-emergency purposes within 48 hours of the appointment time, or if I fail to come to my procedure appointment.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **NOTICE OF PRIVACY PRACTICES WRITTEN RECEIPT ACKNOWLEDGEMNET.**

I, \_\_\_\_\_, have received a copy of WOMEN'S HEALTHCARE CENTER'S NOTICE OF PRIVACY PRACTICES. (HIPAA)

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_