



THE THAYER GROUP FOR WOMENS CARE, PC

Preventative / Well Woman Visits

Thank you for choosing us for your health care screening. We are providing this outline/definition of Routine care to help avoid any confusion about the billing of these services. Preventative or Well Woman visits are defined as screening visits for the maintenance of your health. These visits are considered **routine** and thus are designed and scheduled to address the appropriate issues based on your age and gender. Many insurance companies cover/pay for preventative visits at a different benefit than a “problem” visit, so it is up to you to check with your insurance carrier as to what is covered and what is not.

Following, is a list of services that are offered during your routine, annual visit:

- *Review of past personal medical history and prescriptions
- *Weight, height, blood pressure, pulse, body mass index
- *Physical exam to include breast and pelvic exam
- *Obtaining of Pap smear and HPV screening to be sent to the lab (when indicated)
- *Urinalysis
- *Fecal Occult Blood test for Colorectal Cancer screening (when indicated)
- *Advice for disease prevention and healthy living
- *Management of previously diagnosed chronic problems **that are stable**

The following services are NOT PART of your preventative visit and may be subject to an out of pocket expense and/or additional co-pay. This is determined by national billing standards and the insurance industry and we are required to bill accordingly.

- *New problems that require lab tests, x-ray/ultrasound or other evaluation
- *New problems that require prescriptions
- *Chronic problems that require evaluation, management, advice, and/or possible changes in medication
- * Extra time taken to discuss health issues in depth (hormones, contraception, pain, etc)
- *Any office procedure (insertion/removal of IUD’s, biopsies, diaphragm fitting, etc.)

Our practitioners will do everything possible to give you the time and attention you need and deserve. Please understand that services to address a “problem/issue” are **not** a part of routine/preventative care and will be billed accordingly.

Thank you for allowing us to serve you.

Patient Signature: _____ Date: _____