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Dear Patient,

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 Woman, Preventative, or Yearly Visit:** These are visits to prevent health problems and to review any recommended age appropriate screening tests such as mammogram, pap smears, and bone density analysis. Weight, smoking, diet, vaccinations, 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 health changes 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 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, family planning, headaches, insomnia, constipation, sexual dysfunction, fatigue, depression, sterilization, pain, etc. These visits will be focused 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 are determined by your particular contract. It is your responsibility to know what is covered at 100%, what is covered with a deductible and/or 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 your clinician. If the visit expands to a **Problem Visit** as described above, the visit will be billed accordingly and additional deductibles and copayments may 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 we have made a mistake.

At either type of visit, laboratory testing may be ordered. We will code the reason for the testing and file it with your insurance. If it is just for screening such as to check your cholesterol, it may not be covered and you would be responsible for the entire charge. If it is covered such as for a thyroid test if you have symptoms of thyroid dysfunction, you may still be responsible for deductible and copayment even if the visit is covered at 100%.

We will have coding and insurance experts available to help you understand your coverage and responsibility if you have questions. We will make our best estimate to calculate what your responsibility will be after your claim is paid and request payment at the time that your services are rendered. If overpaid, a refund will be applied to your account. If a balance is due, you will receive a statement from our office.

Your signature below acknowledges your understanding of these issues and that all of your questions have been answered.

Signature: _____ Date: _____