Carolina OB/GYN

Thank you for choosing Carolina OB/GYN. Please completely fill out this form to ensure that you receive accurate service from our Front Business office and Insurance Department. We will ask you to review this information occasionally to confirm current information or update as needed.

Preferred Provider (check one) ☐ Dr. Gayle Richmond ☐ Dr. Cynthia Bindner ☐ Dr. Lisa Maselli ☐ Dr. Valerie Lasry ☐ Dr. Melissa Moore			
Last Name First Middle			Preferred Pharmacy Name / City
Date of Birth	Social Security Number	Race (check one) ☐ Caucasian ☐ Asian ☐ African-American ☐ Hispanic ☐ Hawaiian ☐ American Indian ☐ Other	Marital Status
Address Zip Code City State			
Religion	Emergency Contact Name Relationship Phone #		
Home Phone	Work Phone	Cell Phone	**Primary (check one) ☐ Home ☐ Work ☐ Cell ☐ Other
Email Address		Employer Name / Phone #	
Primary Care Physician Name / Phone #		Referred by (check one) ☐ Family ☐ Friend ☐ Other ☐ Physician (name)	
Primary Insurance Company		Policy #	Group #
Secondary Insurance Company		Policy #	Group #

If you are covered under the policy of a spouse, partner, parent or legal guardian please tell us about them.
WE WILL NOT ATTEMPT TO FILE YOUR INSURANCE WITHOUT ALL THE INFORMATION BELOW COMPLETED.

Policy Holder	Relationship	
Address	Date of Birth	Social Security Number
Employer	Home Phone	
Work Phone	Cell Phone	

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize direct payment of surgical/medical benefits to Carolina OB/GYN for services rendered by them or under their supervision. I understand that I am financially responsible for any balance not covered by my insurance.

Patient (please print): _____ Date: _____

Parent/Guardian (please print); _____

Signature: _____

PERSONAL MEDICATION RECORD

Date form started:

Name:	Address:
Phone Number:	
Birth Date:	
Emergency Contact/Phone Numbers:	
Primary Physician Contact Number:	

IMMUNIZATION RECORD (Record the date/year of last dose taken, if known).		
TETANUS	FLU VACCINE	
PNEUMONIA VACCINE	HEPATITIS VACCINE	OTHER

Allergic To / Describe Reaction	Allergic To / Describe Reaction

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginko). Include medications taken as needed (example: nitroglycerin).

DATE	NAME OF MEDICATION / DOSE	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations)	DATE STOPPED	Notes: Reason for taking / Doctor Name

Refer to back of form for directions, benefits of using the form, and how to get more copies.

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Compassionate Care for women by women

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Cynthia G. Bindner, M.D.
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Melissa J. Moore, M.D.

NOTICE OF PRIVACY PRACTICES

As stated in the Notice of Privacy Practice Policy posted in our office, I understand my privilege of privacy regarding my medical health information.

Release of Medical and/or Financial information to specified individuals.

As stated in our Privacy Policy, we may disclose to your spouse, family, friend or any other person identified, your protected health information that directly relates to that person's involvement in your health care. We request that you designate the individuals with whom we may discuss your protected health information.

I, _____ give Carolina OB/GYN permission to discuss my protected health/financial information with the following person(s):

1. Name: _____ Telephone: _____

   Relationship: _____

2. Name: _____ Telephone: _____

   Relationship: _____

3. Name: _____ Telephone: _____

   Relationship: _____

I wish to be contacted in the following manner: (check all that apply)

_____ Home Telephone Detailed message: Yes _____ No _____
_____ Cell Phone Detailed message: Yes _____ No _____
_____ Written communication
_____ Other

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

I understand that I may rescind or modify the permission at anytime. Such change must be in writing to Carolina OB/GYN. All persons must be able to verify basic information on the patient before any information is released.

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DISCLOSURE AGREEMENT

Patient: _____ Date: _____

Reason for today's visit:

_____ Routine Preventative Exam (I have no medical complaint or significant problem or abnormality of which I am aware).

_____ I have a problem/complaint that I wish evaluated/treated by the physician.

My chief complaint is _____

_____ My insurance plan covers Preventive Medical Services.

_____ My insurance plan DOES NOT cover Preventive Medical Services.

_____ I do not know if my insurance plan covers Preventive Medical Services.

I Agree to pay for any and all medical services I receive from the physicians/providers of this practice that my insurance company refuses to pay, for whatever reason. If my physician/provider is an in-network healthcare provider, then they will file a claim on my behalf, however, if my insurance company denies payment for any reason (example: non-covered service: no preventative healthcare benefits, failure to secure a referral, etc.) I will pay for the same upon written/verbal notice of their refusal. Failure to pay within 45 days of filing is for the purpose of this agreement.

I further agree and understand that this office can only code and file a claim for my visit(s) with a diagnosis that was encountered and documented in my medical record. Thus to ask this office to change a diagnosis solely for the purpose of securing reimbursement for an insurance carrier is inappropriate and would be considered fraudulent. Therefore, this is not something this office would agree to do.

In the event I do not pay for these or any other services provided me when due, I agree to pay all costs of collections, including reasonable attorney fess, whether or not a lawsuit is commenced as part of the collection process.

Patient Signature: _____

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FINANCIAL POLICY AND ASSIGNMENT OF BENEFITS

Carolina OB/GYN makes every effort to verify your insurance benefits before your appointment. Verification of eligibility and benefits does not guarantee that claims will be paid by your insurance. The benefits and fees provided to you are only an estimation of cost. Final charges will be based on actual services provided and claims processing. We are not responsible for any incorrect or misinformation provided to us by your insurance company regarding benefit verification. Actual benefits cannot be determined by Carolina OB/GYN, but will be applied by your insurance carrier at the time the claim is processed.

Not every service recommended by your provider is covered by your insurance. It is your responsibility to know what is or is not covered, policy limitations and referral authorization requirements. By signing this financial policy, you understand and agree to be responsible to pay any services that are not paid by your insurance company.

Carolina OB/GYN is in-network with several major network carriers. We are a participating provider with Medicaid of South Carolina; however we do not file Medicaid as a secondary payer when you have other health insurance available. It is your responsibility to know your benefits, both in and out of network, prior to scheduling an appointment with our practice. For a list of companies we are in-network with, please contact the Billing Department at (843) 651-6525 ext. 5203.

It is your responsibility to notify Carolina OB/GYN immediately of any change in insurance status. Failure to report changes in a timely manner will result in transferring the balance of any unpaid claims to you. Regardless of insurance status, if your insurance does not pay, fails to in a timely manner or denies a claim, you will be responsible.

Should you be scheduled for certain procedures per your physician, Carolina OB/GYN will notify you of your estimated financial obligation prior to rendering such services. You are expected to pay any copay, coinsurance, deductible of balance due on your account prior to receiving those services. Failure to do so may result in your appointment being rescheduled.

Carolina OB/GYN requires a 24-hour notice to cancel an appointment. If you fail to cancel appointment within 24-hour timeframe, you will be charged a No Show Fee ($25 for established patients and $50 for new/first-time patients).

Accounts are considered delinquent when the balance due is more than 60 days old. Should your account become delinquent and referred to our outside collection agency, you will be responsible for reasonable agency/attorney fees and other costs of collections. This includes a processing fee of 25% of the delinquent balance due, which will be added to your account balance.

You will be charged a $10.00 administration fee for prescription refills not handled at your office visit. This fee must be paid before prescriptions are refilled or changed. You will be charges a $15.00 fee for FMLA and other paperwork to be filled out by your physician or nurse. This must be paid prior to receiving the completed forms.

I understand and agree that I (or the person financially responsible) am financially liable for ALL services rendered. I also understand that if my insurance plan does not pay Carolina OB/GYN within 90 days of the services billed, that the balance will transfer to my responsibility and payment will be due at the time.

Patient or Responsible Party Printed Name/Signature: _____ Date: _____

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Dear Patient,

Welcome to Carolina OB/GYN. We look forward to meeting you on the day of your visit.

Please complete the attached forms and bring them with you on your scheduled appointment date. Please come to your appointment (15) minutes prior to the scheduled appointment time so we can have time to complete your chart.

At Carolina OB/GYN, we are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefit. Carolina Ob/Gyn is happy to assist you with your insurance filing provided we are in contract with them. However, you are the patient to whom the services have been rendered and you are responsible for the payment of the account. We will assist you with filing of your insurance claim; but your insurance contract is between you, your employer, and your insurance company. Unfortunately, it is impossible for our Insurance Department to be aware of your particular benefits, pre-existing conditions or other contractual guidelines. Therefore, it is your responsibility as the patient to provide this information for registration and insurance department. We strongly recommend you contact your insurance company's customer service department if you have questions regarding your coverage prior to your office visit.

Please have all of your insurance information with you at your visit. We will need a need a copy of your insurance card, Medicaid recipients must have a copy of their card; our office will NOT accept the Medicaid approval letter as proof of coverage.. If you do not bring your card(s) to the visit, you will be expected to pay the visit price in full.

If you are under the age of 16, we must have a written parental consent before we can treat you, so please bring a parent/ guardian along to your appointment.

HIPAA guidelines mandate that all patient accounts have a photo ID in their medical chart.

IMPORTANT: Due to the limited amount of waiting room space, we ask you to limit the number of people (including children) you bring with you to one (1). Also, as a courtesy to our obstetrical patients in the waiting room we request you leave sick or contagious children at home.

Thank you for choosing Carolina Ob/Gyn to provide you with all your women's health care needs.

*** If unable to keep appointment, kindly give 24 hour notice or you will be charged $50.00 for new patients and $25.00 for established patients. ***

The Physicians and staff of Carolina Ob/Gyn

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PREVENTATIVE EXAM

What should I expect during my annual exam?

- General physical exam (including breast exam)
- Pelvic exam (pap smear)
- Update of life and work situation
- Update of family health history (any new serious illnesses in your family?)
- Review of your health history
- Update of current medications, herbs, and supplements (bring list)
- Need for medication refills
- Evaluation of need for health screening tests based on age and personal and family history (such as mammogram, test for sexually transmitted diseases, and colon cancer screening)
- Update on immunizations

What happens if you have a new health problem when you come for your annual exam?

You and your provider will need to decide whether to use the time that day to address your problem, in which case your annual exam visit can be rescheduled. Or you may choose to go ahead with your annual exam, and to defer the health concern to another visit. Scheduled appointment times do not allow for both.

Ultrasounds are not part of a preventative exam.

Insurance Coverage Issues:

- Please check your insurance policy to make sure you are covered for yearly preventative medicine visits or women's health pap/pelvic/breast exam. Different insurance policies have different rules for preventive care coverage.

- Most insurance companies allow for only one annual exam per 12-month period (and some some will not pay for a visit even a few days before the year is up).

- If the insurance allows preventative coverage then the patient would not pay a copay.

Medicare Issues:

- Medicare covers paps every two years, mammograms every year, colon cancer screening, and routine vaccinations.
- If you are considered high risk, medicare will pay for annual pap smears.
- Medicare does not cover routine annual exams. You may choose to pay for routine physicals and tests out-of-pocket.

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Dear Patient and Pharmacist,

Over the past few years insurance companies have been requiring more information for the Physician and the Medical Office in order to fill prescriptions that we deem are medically necessary. Due to the volume of request, we are unable to meet the demands of the insurance company without help from YOU, the patient.

If your insurance company requires a "prior authorization" from our office, YOU must call your insurance company and request them to fax us the appropriate form to complete. Please note these telephone calls may take 20 to 30 minutes to complete and you should have the information needed such as the name of the drug, your policy number, etc. We are sure that after you experience this, you will understand why our office is unable to call on behalf of all our patients. Occasionally, the information requested by the insurance company is so detailed that we may require to make another office visit to discuss the requirements of YOUR insurance company.

Unfortunately we are unable to provide the excessive administrative staff needed to meet the demands of the insurance companies. The extensive requirements leave us with no choice but to implore your assistance. We are very happy to assist you with your medical needs and look forward to working with you in securing your prescriptions in a timely manner.

Sincerely,
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