

Susan M. West, MD, FACOG  
Holly K. McArthur, MD, FACOG  
Ruchi P. Moore, MD, FACOG  
Lindsay C. Veazey, MD, FACOG  
Summer K. Gilmer, MD, FACOG  
Rita Kaplon, MD  
Ellen Howard, CNM  
Paula Mix, NP



LAUREL  
OB GYN

Dear \_\_\_\_\_

Laurel OBGYN, PA is very delighted that you have chosen us as your health care provider. We appreciate the opportunity to serve you and are committed to your treatment and well-being. **In an effort to reduce your wait time in office, please complete and bring the enclosed forms with you the day of your scheduled appointment along with your current insurance card, photo ID, and a credit, debit, or HSA card to keep on file.** Without a valid insurance card, your appointment will be rescheduled for a later date. Our office does require a valid credit, debit or HSA card to be kept on file. We do this for easier, more convenient payments of future charges and to secure your appointments. Your card details and other billing information are stored in compliance with the highest safety and security standards.

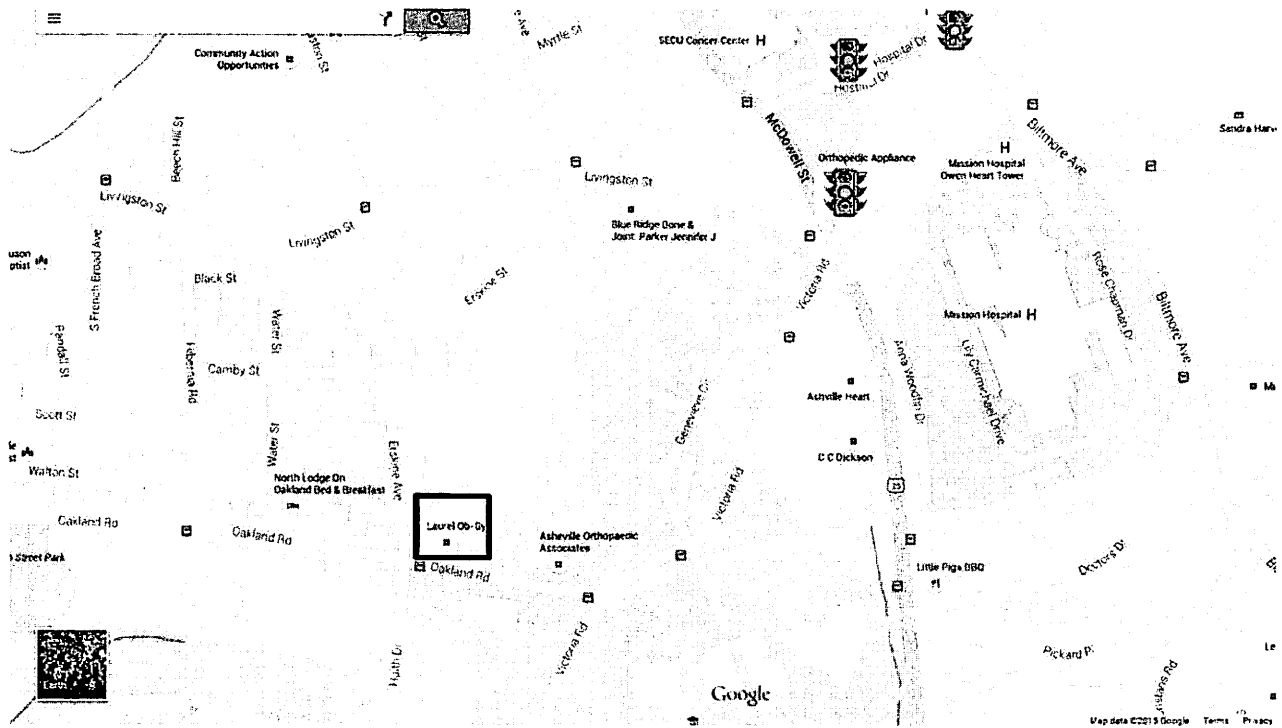
We strongly encourage you to complete the enclosed forms prior to the day of your scheduled appointment, however if you need to complete them in office this option is available to you. At the time of scheduling, all new patients are notified of our policy on new patient arrival times. **Please be aware that if you do not have your new patient paperwork completed, we are unable to successfully verify insurance coverage or eligibility, and/or do not arrive 30 minutes early, then you will be asked to reschedule.**

Our office participates with many insurance companies. You may want to call your insurance carrier to confirm in or out of network benefits. We file claims for all of our patients, **but do ask for payments of deductibles and or any co-payments at the time of check-in on the day of your appointment.** It is the patient's responsibility to know how their individual policy covers their medical care. **If you do not have insurance coverage, payment for estimated services is expected to be paid in full at the time of check-in for your appointment.** Please call our office if you have any questions.

**For our obstetrical patients with commercial insurance coverage at your initial appointment, you will be required to pay a \$150 deposit. For our obstetrical patients who are considered self-pay will be required to pay a \$1500 deposit at your initial appointment.** Upon confirmation of pregnancy, our billing coordinator will prepare an OB contract for you based upon your insurance benefits. She will discuss those benefits with you and will set up a payment plan for the deductibles and/or co-insurance for maternity care.

Your appointment is scheduled with \_\_\_\_\_ on \_\_\_\_\_ @ \_\_\_\_\_ am/pm

***\*Please arrive to the office 30 minutes prior to your appointment for check in\* We look forward to meeting you. We have also enclosed a map and directions showing our location. If you are unable to keep this appointment, please let us know at least 24 hours in advance.***



**From Hickory, Morganton, Marion, Old Fort, Black Mountain:**

Take I-40 West to Exit 50-B (Biltmore Ave, US 25 North). Turn right off exit and go straight to the 7<sup>th</sup> traffic light. Turn left on to Hospital Dr. At next traffic light turn left on to Victoria Rd. Go straight through next traffic light. Travel about ½ mile to the Asheville Orthopedics sign on your right. The next road on the right is Oakland Rd. Laurel OBGYN is the second drive on the right.

**From Knoxville, Newport, Clyde, Sylva, Waynesville, Candler:**

Take I-40 East to Exit 50-A (Biltmore Ave. US 25 North). Turn left off exit and go straight to the 7<sup>th</sup> traffic light. Turn left on to Hospital Dr. At next traffic light turn left on to Victoria Rd. Go straight through next traffic light. Travel about ½ mile to the Asheville Orthopedics sign on your right. The next road on the right is Oakland Rd. Laurel OBGYN is the second drive on the right.

**From Greenville, Spartanburg, Hendersonville, Fletcher, Brevard:**

Take I-26 to I-40 junction. Follow center lane (I-240 to Asheville). Take Amboy Rd. exit and follow to end (will be a T-shaped intersection). Turn right and go to the next traffic light. Turn left on to Victoria Rd. Follow Victoria Rd. through AB Tech Campus until the Hemlock Building is on your left. Oakland Rd is the next left. Laurel OBGYN is the second drive on the right.

**From Johnson City, Burnsville, Mars Hill, Marshall, Weaverville:**

Take US 19/23 to Asheville, merge onto I-240 East. Take Charlotte St. exit (5B). Take a right onto Charlotte St. off of the exit. At 3<sup>rd</sup> traffic light turn left on to Biltmore Ave. At the 3<sup>rd</sup> traffic light turn right onto Hospital Dr. At next traffic light turn left on to Victoria Rd. Go straight through next traffic light. Travel about ½ mile to the Asheville Orthopedics sign on your right. The next road on the right is Oakland Rd. Laurel OBGYN is the second drive on the right.

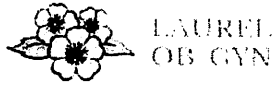
<b>****PATIENT INFORMATION****</b>	
(Please Print)	
Full legal name _____	Date of Birth _____
Preferred Name _____	SSN _____
Mailing address _____	
City: _____	State: _____ Zip: _____
Phone Number (Home) _____	(Cell) _____
Preferred Pharmacy _____	
Place of Employment _____	Occupation _____
Primary Care Physician _____	
Preferred language _____	Race _____ Hispanic/Latino YES NO
Marital status _____	
EMAIL _____	

<b>****BILLING INFORMATION****</b>	
<b>****SPOUSE/PARENT INFORMATION IF PRIMARY ON ANY INSURANCE POLICY OF YOURS****</b>	
Full legal name _____	Date of Birth _____
Address _____	
Phone # _____	
Employer Name _____	

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (*Under 14 yrs of age*): \_\_\_\_\_

I understand that this information will become invalid after 1 year of the date signed.



## LAUREL OBGYN FINANCIAL POLICY

### BALANCES

- As of January 1, 2021, our office requires all outstanding balances be paid in full and/or payment arrangements made with our billing department before any future appointments can be scheduled with our office.

### COMMERCIAL/HMO/PPO INSURANCE

- It is your responsibility to be familiar with your insurance company and your specific plan requirements.
- A current copy of your insurance card is required to properly file your claim.
- As per your insurance requirements, be prepared to pay any co-pays, deductible, or percentages at check-in the day of your appointment. We accept cash, check, Visa or Mastercard.
- If you have a secondary insurance that is not provided at the time of your appointment, we are not able to add it to the claim once it has been submitted.

### MEDICARE

- Please note Medicare only covers an annual exam and pap smear every other year.
- If you do have a secondary insurance or a Medicare supplement, please provide that insurance card as well.

### MEDICAID

- Your current Medicaid card must be present at time of your appointment. Our office will not backdate Medicaid for any dates of service. We do not accept pregnancy Medicaid after 18 weeks during pregnancy.
- We accept Medicaid on a limited basis. All Medicaid must be pre-approved by billing manager before we are able to use at Laurel OBGYN.
- We only accept the following Medicaid Managed Plans: **Healthy Blue, United Healthcare, WellCare, and Vaya Health** on a limited basis. We do not accept Amerihealth Medicaid
- Family Planning Medicaid only covers preventative visits and contraception, the patient will be responsible for all charges outside of this.
- Your \$3.00 copay is due at the time of service at check-in, or you may be asked to reschedule.

### MINORS

- Minors with commercial insurance are required to pay their co-pay, deductible, or percentages at the time of service.
- Minors with Medicaid may have a \$3.00 co-pay and that would be expected at time of service.

### SELF-PAY

- A valid debit/credit card must be obtained to keep on file.
- Payment for estimated services is quoted and collected at check-in before your scheduled appointment.
- Our office offers a 20% discount if payment is made in full at time of service.
- It is our policy that if you enter into our practice as a self-pay patient, we will not be able to change that status unless you have a commercial insurance change. We will not be able to file government funded insurance such as Medicaid.



**PLEASE READ BELOW AND INITIAL  
IN THE APPROPRIATE SPACE**

**AUTHORIZATION FOR TREATMENT:**

I HEREBY CONSENT TO MEDICAL TREATMENT, DIAGNOSTIC PROCEDURES, AND INJECTIONS BY THE PROVIDERS AND STAFF OF LAUREL OBGYN. I UNDERSTAND THAT DIAGNOSTIC PROCEDURES MAY INCLUDE, BUT ARE NOT LIMITED TO, LAB TESTS ON BLOOD, URINE, AND TISSUE. I UNDERSTAND THAT I MAY BE ASKED TO UNDERGO DIAGNOSTIC RADIOLOGY PROCEDURES INCLUDING, BUT NOT LIMITED TO, ULTRASOUNDS. I UNDERSTAND THAT I HAVE THE RIGHT TO ASK QUESTIONS ABOUT MY TREATMENT AND/OR PROCEDURES U AGREE TO NOTIFY MY PROVIDER OF MY CONCERNS.

\_\_\_\_\_ INITIALS

**Important Information Regarding your Specimen Sent Out to the Office.**

Laurel OBGYN is in agreement to send all Pap smear and biopsy specimens to Lab Corp. Please be aware that Lab Corp does bill separately for processing your specimen. Laurel OBGYN is not affiliated with Lab Corp, we are two separate companies. It is your responsibility to be aware of your insurance and benefits and to know if they are in your network. If your insurance company is not in network with Lab Corp, please let your nurse know so she can fill out the proper paperwork for another lab in your network.

\_\_\_\_\_ INITIALS

**Appointment Policy**

Patients will be asked to give at least 24 hours' notice for any appointment cancellations. Patients that do not give at least 24 hours' notice or that do not show for their appointments will be subject to a \$50.00 fee. In the event that not keeping your appointments becomes an issue, patients may be dismissed from the practice. A new patient that no call/no shows for their appointments, will not be eligible for rescheduling with our office.

\_\_\_\_\_ INITIALS

**In Office Procedures/Surgery Policy**

Due to the complex nature of scheduling the in-office procedures and hospital surgeries, patients are required to give at least 5 days' notice when cancelling these types of appointments. Specific equipment and anesthesia services are required and must be cancelled in a timely manner to ensure other patients the availability. Patients that do not give the 5-day minimum notice of cancellation or who do not show up for their in-office procedure and/or surgeries will be subject to a \$250 fee and a possible delay in rescheduling.

\_\_\_\_\_ INITIALS

**Financial Policy**

By initialing here, you are consenting that you have read and understand our financial policy on the front of your clipboard. As of March 1, 2016, our office requires all patients keep a credit, debit, or HSA card on file. If you are unable or unwilling to provide a card to keep on file, we will reschedule your appointment to a date and time when you have your card available.

\_\_\_\_\_ INITIALS

**Code of Conduct**

Laurel OBGYN, PA takes pride in personal traditional care. We aim to treat all of our patients with respect and dignity at all times. We also expect the same from our patients. Angry outbursts, aggressive or violent type behavior, or inappropriate language will not be tolerated. Failure to comply with this may result in termination of our patient-physician relationship.

\_\_\_\_\_ INITIALS

**Prescription Refills**

We strive to refill any medication requests within 24 hours of receiving the initial request; however, refill requests that are initiated by the patient or the pharmacy after 4:00pm or on Fridays may not be refilled until the next business day. The on-call physician will not refill any birth control or controlled substances after hours.

\_\_\_\_\_ INITIALS

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

Parent/Guardian Signature (Under 14 yrs of age): \_\_\_\_\_ \*\*Office use only: \_\_\_\_\_ initials

**Emergency Contact/HIPAA Release Form**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*Emergency Contact\***

Person to notify in case of emergency or if we are unable to contact you

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*HIPAA Release Form\***

I have read and fully understand Laurel OBGYN, PA's Privacy Notification. I understand that Laurel OBGYN, PA may use or disclose my personal health information (PHI) for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my PHI is used and disclosed. If I choose to restrict how my PHI is used or disclosed I understand it must be submitted to Laurel OBGYN, PA in writing. Restrictions are considered on a case by case basis. I understand that I may obtain a copy upon request.

I hereby consent that the people listed below are also authorized to receive my protected health information, such as treatment, payment, or lab results. I understand that Laurel OBGYN will verify the identity of the party listed before any information is given.

This information may be released to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*Messages\***

If unable to reach me:

- You may leave a detailed message.
- Please leave a message asking me to return your call.
- Do not leave a message

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

Parent/Guardian Signature (*Under 14 yrs of age*): \_\_\_\_\_

**\*\*Office use only: \_\_\_\_\_ initials**



**Family History** Please check any of the following that apply and list age of diagnosis.

Family history of:	Mother	Father	Grandparents Maternal or Paternal	Siblings: Please indicate Brother or Sister
Breast Cancer				
Ovarian Cancer				
Uterine Cancer				
Cervical Cancer				
Colon Cancer				
Prostate Cancer				
Pancreatic Cancer				
High Blood Pressure				
Heart Disease				
High Cholesterol				
Diabetes				
Thyroid disorder				
Blood clots				
Other:				

**Social History**

Tobacco/Vape: Amount per day:	Street drug use/amount:	Alcohol/Amount:	Exercise/How often:
Caffeine/Amount:	Marital Status: M/S/D/Sep.	History of abuse: Y/N	Sexual Orientation:
Occupation:			

**Surgical History** Please Include Date and Procedure


**Personal Medical History** Please circle or list

Blood Clot:	Diabetes: Y/N	Depression: Y/N	Anxiety: Y/N
Asthma Y/N	Headaches/Migraines	UTI/Kidney Problems	High Blood Pressure: Y/N
Thyroid issues: Y/N	GI problems:	High Cholesterol: Y/N	Anemia Y/N
Dermatology problems:	Eating disorder: Y/N	Other:	

**Personal History of Cancer**

Type	Age of Diagnosis

Are blood products acceptable in case of an emergency? Y/N





Athena #: \_\_\_\_\_

**WHAT IS A PREVENTATIVE CARE VISIT?**

A preventative care visit (“Physical,” “Wellness Visit,” “Annual Exam”) is a scheduled medical evaluation of an individual that focuses on preventative care. It includes an age and gender appropriate history, an examination, a review of risk factors and a plan to reduce them, and the ordering of appropriate immunizations, screening laboratory tests, X-rays or diagnostic procedures. Under current guidelines, many people do not have a copay or coinsurance for a preventative care visit. A preventative exam is not a follow-up visit or a problem-based visit. A preventative exam is intended to prevent any medical problems as opposed to evaluating and treating them.

**WHAT IS A PROBLEM VISIT?**

A problem visit is to evaluate an acute or chronic medical problem. Acute problems include injuries, infections, changing moles, worsening of blood pressure, new depression, yeast infections, vaginal dryness, or any other new or worsening condition. Chronic problems include high blood pressure, cholesterol, diabetes, gout, reflux, osteoporosis, depression or medical problems that have to be monitored over time.

**WHAT DOES IT MEAN TO HAVE A SECOND SERVICE AT MY PHYSICAL?**

If you have an acute or chronic medical problem which doesn’t fall under preventative care, there are a few ways to handle this. Many people would like the convenience of addressing issues with a single visit. If time allows, and at the discretion of your health care provider, new problems or chronic disease follow-up issues may be addressed at a physical appointment. This will likely constitute a “Second Service,” which then may be subject to a copay/coinsurance. If you would prefer to discuss these problems and a separate visit, you may schedule a return visit to address them on your way out today. That visit would be subject to your regular copay/coinsurance. The law says that we are not allowed to classify care for medical problems as a part of the “annual exam”, so we cannot make any exceptions.

\*Knowingly reporting incorrect or altered information on your claim is considered a criminal act of medical claims fraud, a Class 1 Felony, based on the NC False Claims Act.

**Please let the staff and your provider know if you would like to address any acute or chronic problems at a separately scheduled visit.**

**\*\*If you have an emergency situation, your physician/provider may need to address this in place of your scheduled physical.\*\***

I have read and understand the information presented above.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent/Guardian Signature (Under 14 yrs of age): \_\_\_\_\_



LAUREL  
OB/GYN

Athena #: \_\_\_\_\_

Laurel OBGYN has implemented a new, convenient payment policy effective 01/01/2021.

The current healthcare market has resulted in insurance policies shifting a significant portion of the financial responsibility to the patient. Patients will be asked to set up payment arrangements for the balances on their accounts that cannot be paid in full at the time of service is rendered. These payment arrangements will be set up as an automatic draft from a credit, debit or HSA card we have on file for you. Our credit card processing vendor, Elavon, Inc. Will store your information on a secure and encrypted site, which allows bank card transactions on our computer system. These drafts can be customized to best suit your needs, for example: weekly, bi-weekly, monthly, etc.

**\*Please note all outstanding balances must be paid in full and/or set up on payment arrangements before future appointments are scheduled with our office. Our minimum monthly payment for outstanding balances is \$100 per our new financial policy effective January 1, 2021.**

Balances up to \$1000 will required to be paid in full within 6 months.

Balances \$1001 to \$4000 will be required to be paid in full within 12 months.

Balances greater than \$4001 will be required to be paid in full within 16 months

Pregnancy Prepayment Plans must be paid in full within 8 months.

Surgery Balances will be required to make an initial deposit + be paid in full within 8 months.

*\*Please be aware our office sends multiple notifications by email, phone and portal to notify you of outstanding charges. After 3 paper statements have been distributed to you, if there is no correspondence with our office on making payment arrangements you will then be sent to our collection's agency, Datamax Corporation.*

I have read and understand the information presented above.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## IMPROVING PATIENT PAYMENTS WITH CARD ON FILE

July 2018

### Advantages of Card on File Q&A

**Q: What is card on file?**

A: The ability to automatically collect outstanding balances after your insurance company has processed the claim. Office staff and the patient can determine a maximum pre-set amount so you know what to expect.

**Q: I've never had to do this before at any other doctor's office.**

A: More and more doctor's offices are starting to use credit card contracts. It is not uncommon in many medical practices, pharmacies, and labs to require a credit card on file. Other businesses, like hotels, car rental agencies, Amazon.com and Netflix also require a card on file.

**Q: I don't have a credit card and/or I always pay cash.**

A: You are welcome to leave an HSA (Health Savings Account), debit card, or Flex Plan card on file. Our practice wants to switch away from less efficient forms of payment, so we have more time to focus on giving you quality care.

**Q: I don't like to give out my email.**

A: Your email will ONLY be used to send you notifications and receipts concerning your card on file. We will not give it to anyone else, and we will not use it to contact you in any other way.

**Q: What if I disagree with a charge?**

A: We'll send you an email five days before the charge is due to take place. If you feel that the charge is incorrect, we can hold it while you sort the situation out with your insurance company. The amount you owe is determined by your insurance company, not by our practice.

**Q: What about identity theft and privacy?**

A: Your card will be stored by Elavon, Inc., a secure credit card processor affiliated with U.S. Bank that partners with our practice to collect payments. (Note: we also discuss security on the agreement that patient's sign).

*-Once insurance sends your claim back to us, letting us know what amount has fallen to patient responsibility, we will email you at the email address you provided. Upon receipt of that email you have 5 calendar days to call with questions about your claim, to break that charge into payments, or to pay with a different method. If you receive the email and you have no questions or concerns you don't have to do anything. The amount that is reflected in the email will then just simply be drafted from the card provided.-*

**"What will my card be used for?"**

Your card on file will be used to cover any charges your insurance company did not cover. This includes copays, deductibles, and co-insurance.

**"I'm concerned that that staff will have access to my card number."**

Once the contract is established, office personnel will not have access to your card. Only the last 4-digits of your card will be viewable in our system.