



Susan M. West, M.D., FACOG
Holly K. McArthur, M.D., FACOG
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Laurel Ob-Gyn, P.A.

Lindsay C. Veazey, M.D., FACOG
Summer K. Gilmer, M.D., FACOG
Ellen Howard, CNM

Dear Valued Patient,

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 the office, we have enclosed our patient information forms for you to complete and bring with you the day of your appointment along with your current insurance card, photo ID, and a credit, debit, or HSA card to keep on file.** Our office does require a valid credit/debit/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 new patient forms prior to the day of your appointment, however if you need to complete them in the office you will need to arrive 20 minutes early for your appointment. Please be aware that if you do not have your new patient paperwork completed at the time you check in for your appointment and/or do not arrive 20 minutes early to complete them, you may 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. We make every attempt to assist you in understanding your insurance benefits; however it is ultimately the patient's responsibility to know how their individual policy covers their medical care. If you do not have insurance coverage, payment for services is expected at the time of your appointment. Please call our office if you have any questions.

For our obstetrical patients, 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.

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. Please be aware that if you do not call to cancel or to reschedule there will be a \$50 no show charge and your appointment will not be reappointed.

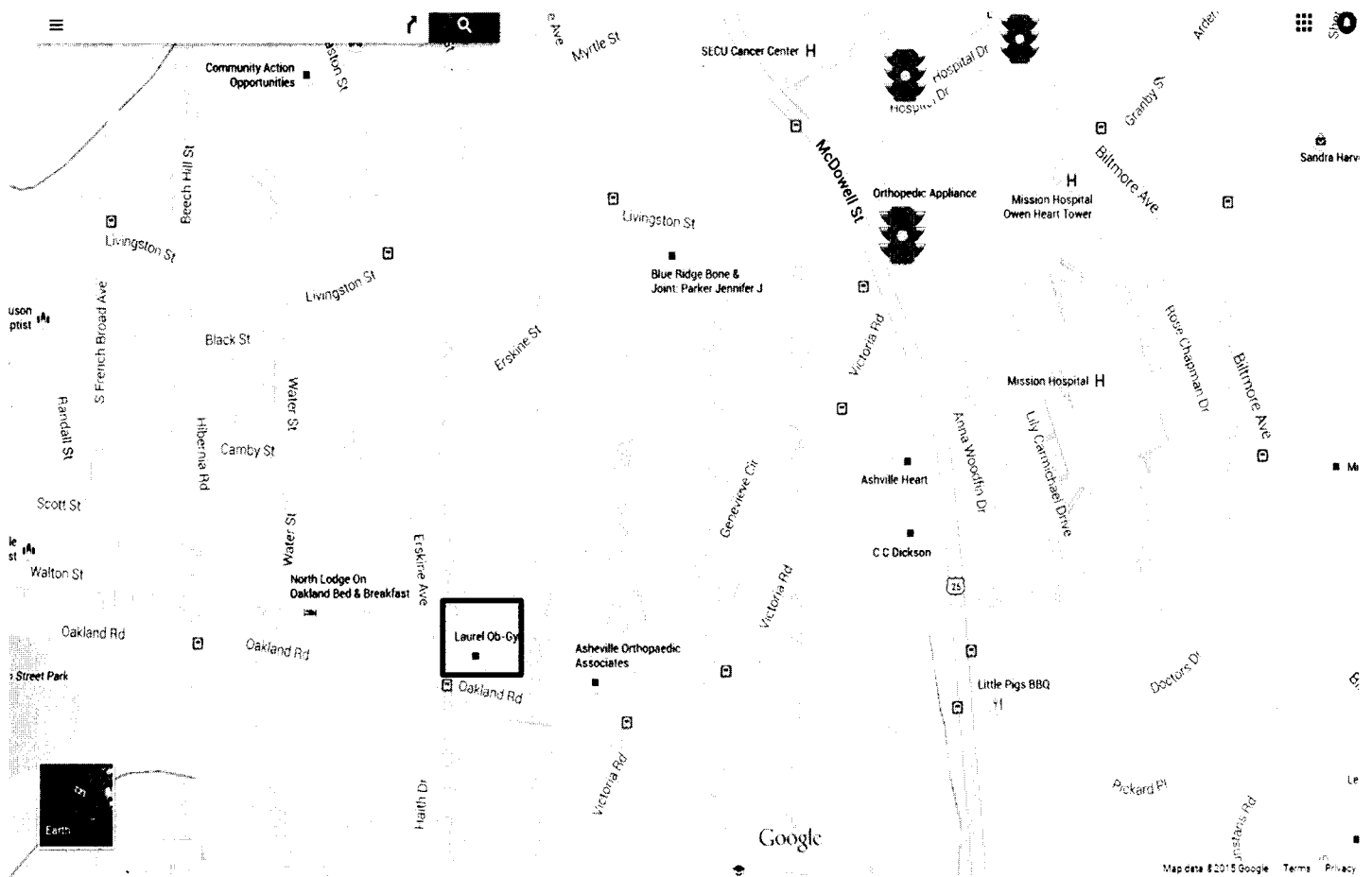
In the meantime, do not hesitate to contact us if you have any questions or check out our website:
www.laurelobgyn.com



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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 7th 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 7th 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 3rd traffic light turn left on to Biltmore Ave. At the 3rd 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.

Laurel Ob/Gyn

A Tradition of Personal Care

****PATIENT INFORMATION****

(Please Print)

Full legal name _____ Date of Birth _____

Social Security # _____ Nickname _____

Mailing address _____

City: _____ State: _____ Zip: _____

Phone Number (Home) _____ (Cell) _____

May we leave a message about lab results and/or treatment? **YES **NO**

Primary Care Physician and Practice Name _____

Preferred language _____ Race _____ Hispanic/Latino **YES** **NO**

Marital status _____ EMAIL _____

****BILLING INFORMATION****

Responsible party (IF DIFFERENT THAN THE PATIENT) Name, Address, Phone Number:

****SPOUSE/PARENT INFORMATION IF PRIMARY ON ANY INSURANCE POLICY OF YOURS****

Full legal name _____ Date of Birth _____

Address/Phone# _____

Occupation _____ Employer Name/Phone # _____

****EMERGENCY CONTACT INFORMATION****

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

Name _____ Relationship _____

Phone number _____ Address _____

****Are you authorizing Laurel OB Gyn to release protected health information to the above named individual? (Please circle one) **YES** **NO**

****RELEASE OF INFORMATION (FULL DISCLOSURE ON NEXT PAGE) ****

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

Name _____ Relationship _____

Name _____ Relationship _____

Patient signature: _____ Date: _____

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

PLEASE READ BELOW AND INITIAL IN THE APPROPRIATE SPACE

#: _____

By initialing, you agree that you have read and understand the importance of all sections. I understand that this information will become invalid after 1 year of date signed.

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 AND I AGREE TO NOTIFY MY PROVIDER OF MY CONCERNS.

_____ INITIALS

****May we leave a message at the number we have on file about lab results and/or treatment?** (Please circle one)
(If an answer is not selected, it will default to YES)

YES NO

Important information regarding your specimen sent out to the office.

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

_____ INITIALS

Appointment Policy

We understand that sometimes your day may not go as planned and you may be late or miss your appointment with us. Patients will be asked to give at least 24 hours notice for any appointment cancellations. This is to give other patients the opportunity to be scheduled in that time slot. Patients that do not give at least 24 hours notice or that do not show up for their appointments will be subject to a \$50.00 fee. We also have a 10 minute window for late appointments. If you are more than 10 minutes late for your scheduled appointment time you may be asked to reschedule. In the event that not keeping your appointments becomes an issue, patients may be dismissed from the practice.

_____ INITIALS

In Office Procedure/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 procedures 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 be kept 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 INFORMATION CONSENT

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.

_____ INITIALS

Emergency Contact Information

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

Name: _____ Phone Number: _____ Relationship: _____

Do you authorize Laurel OBGYN to release protected health information to the above named individual? (Please circle one)
Yes No

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.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient Signature: _____ Date: _____



Laurel Ob-Gyn, P.A.
New Patient Health History

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Name: _____ Date of Birth: _____ Athena# _____

Other Physicians you see _____

Preferred Pharmacy _____

Problems or Concerns you want to address:

Drug allergies and reactions: _____

Current Medications and dose:

GYN History

First day of last menstrual period:	Age of first period:	Current Birth Control Method:	Sexually Active: Y/N
Gardasil series completed: Y/N Date:	Last Pap: History of abnormal pap: Y/N Treatment:	Colonoscopy:	Most recent Bone Density:
Date of last Mammogram: Location:	Date of last PAP and Result:	Age at Menopause _____ Have you ever used hormone replacement?	If yes what form: Years of use:

Obstetric History

Date	Vaginal, C-section, abortion, miscarriage	Gender	Weight	Problems	Place of Delivery



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

Type of Cancer	Mother	Father	Grandparents Maternal or Paternal	Siblings: Please indicate Brother or Sister
Breast				
Ovarian				
Uterine				
Cervical				
Colon				
Prostate				
Pancreatic				
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:
Occupation:	Marital Status: M/S/D/Sep.	History of abuse: Y/N	Sexual Orientation:
Caffeine/Amount:			

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



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 and “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.

Name: _____

Date of Birth: _____

Signature: _____

Date: _____



Financial Policy

We will be happy to file our services with your insurance company, with proper documentation. We do require that all copays, deductibles, and/or percentages are expected at the time of service unless other arrangements have been made.

We charge for the following services, which cannot be billed to your insurance:

- ✚ Disability Forms/FMLA Forms: \$20.00
- ✚ Medical Record Copying: per page charge, we will call you before copying to give you a price. (We must have a signed medical release form before records can be copied. Please allow 5-7 business days to copy records.)
- ✚ No call/No show fee for appointments not cancelled within 24 hours of appointment, for new and existing patients: \$50.00
- ✚ Cancellation fee for in office procedures or surgeries not cancelled within the 5 day minimum, for new and existing patients: \$250.00

CREDIT CARD POLICY

- ✚ As of 3/1/2016, we will require a valid credit/debit card to be kept on file. We do this for easier, more convenient payments of future charges and to secure your appointments. Your credit card details and other billing information are stored in compliance with the highest safety and security standards. Laurel OBGYN, P.A. follows these regulations to help protect the personal data of our patients.

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, Debit, 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 presented at the time of service
- Carolina Access patients cannot be seen by our practice until we receive authorization from the Carolina Access provider for each visit.
- Your \$3.00 co-pay is due at the date of service if indicated, or you may be asked to reschedule.
- It is our office policy to not accept Medicaid as a secondary insurance.

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 to \$5.00 co-pay, and that would be expected at the time of service

SELF-PAY

- A valid debit/credit card must be obtained to keep on file
- Payment in full is expected when services are rendered unless prior arrangements are made with our office. A \$100.00 deposit is required at check in. Adjustments will be made at check out; if your visit is not \$100.00 then you will be refunded at that time. For visits over \$100.00, the remaining balance is due at check out.
- We do offer 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 become effective. We will not be able to file government funded insurance such as Medicaid or Project Access.

IMPROVING PATIENT PAYMENTS WITH CARD ON FILE



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).

"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.

