## NAPLES WOMEN'S CENTER: ESTABLISHED PATIENT MEDICAL HISTORY FORM

Name:	Date of Birth	:	Today's Date:
Reason for visit: Well Woman Exam	m OR Problem Visit:		
(PLEASE NOTE: Extra charges may/will occ	cur if both a Well Woman	exam and Problem	visit are discussed on the same day)
Medications (with dosages):			
Medication Allergies:			
New Surgeries Since Last Visit:			
Date of last period			
Periods are: ☐ Regular ☐ Irregular	☐ Painful		
Flow is: ☐ Light ☐ Moderat		Heavy	
Are you sexually active? ☐ Yes ☐			☐ Yes ☐ No
	THO LINEVEL IN	ew i aithers:	1 163 1110
Current Method of Birth Control:			
☐ Condoms ☐ Natural Family F☐ IUD: Brand Year inserted			Vasectomy (Partner) ☐ Depo Provera inal Ring ☐ Cervical Cap
☐ Sponge ☐ Spermicide	□ Withdrawal	□ Oth	er 🗆 None
Please list the Month/Year for the fol	lowing tests performed	<u>d</u> :	
Pap smear Mammogram	n Bone D	ensity Scan	Colonoscopy
Social History:			
	If yes, drink( If yes, caffei Type(s) and frequency	(s) per day/week/ nated drinks (cof	month fee, tea, soda) per day/week/month
Do you have any of the following syr	nptoms today?		
☐ Yes ☐ No Generally healthy	<del></del>	☐ Yes ☐ No	Abnormal Frequent urination
☐ Yes ☐ No Recent weight gain/los	s of 25 lbs.	☐ Yes ☐ No	Burning w/ urination
☐ Yes ☐ No Fever ☐ Yes ☐ No Vision problems (excluding the control of the contro	t)	☐ Yes ☐ No	Incontinence
☐ Yes ☐ No Vision problems (excludi	ng glasses)	☐ Yes ☐ No ☐ Yes ☐ No	Abnormal Urinary Urgency Bladder infection
☐ Yes ☐ No Hearing loss		☐ Yes ☐ No	Abdominal pains
☐ Yes ☐ No Chest Pain		☐ Yes ☐ No	Abnormal vaginal discharge
☐ Yes ☐ No Varicose Veins		☐ Yes ☐ No	Irregular vaginal bleeding
☐ Yes ☐ No Shortness of breath		☐ Yes ☐ No	Pelvic pain
☐ Yes ☐ No Chronic Cough		☐ Yes ☐ No	Painful intercourse
☐ Yes ☐ No Diarrhea		☐ Yes ☐ No	Breast lumps
☐ Yes ☐ No Constipation		☐ Yes ☐ No	Back pain
☐ Yes ☐ No Blood in stools ☐ Yes ☐ No Heartburn/reflux		☐ Yes ☐ No ☐ Yes ☐ No	Joint/muscle pain Depression/anxiety
Current Pharmacy: Name:	Location:		
			Phone:
reieneu Lau. Name:	LOGATION:	, , , , , , , , , , , , , , , , , , ,	Fliotie
Patient Signature		Date	



## **Patient Payment Policy**

Naples Women's Center does not participate with all insurance companies, and each patient is responsible to know their insurance benefits as policies vary from person to person even with in the same insurer.

Co pays and deductibles may be due and are required to be collected at the time of your visit.

If we do not participate with your insurance, you will be asked to pay for your services at the time of visit. We will provide a receipt for your visit that you can submit to your insurance for reimbursement or if possible, we may submit to your insurance for reimbursement on your behalf.

Patient or Responsible Party Signature

Date

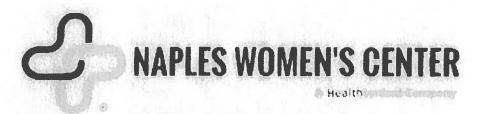
Last updated: 06/15/2022



## **CONSENT FOR MEDICAL TREATMENT AND SERVICES**

Print Name:	Signature:	
the service they provide	led at the time of your visit.	
our patients' health. Ou	ur physician's assign codes that we will submit to	your insurance based on
instructions of the heal	thcare provider at NAPLES WOMEN'S CENTER. Ou	ır number one priority is
I, voluntarily, consent t	to the physical exam, treatment and/or procedure	s under specific

Date: \_\_\_\_



## **CONSENT FOR SERVICES**

- If you are here for a scheduled Gynecology appointment with one of our providers,
  please note that most insurance companies have an allowable number of annuals every
  12-24 months and it is your responsibility to know if you are having your exam within
  your insurance company's guidelines. If you are not within the allowable time frame for
  your exam, your insurance will deny the claim we send, and it will be your responsibility
  to pay your bill in full.
- 2. If you are here for a Schedule visit with a **Gynecology** provider and you discuss **ANYTHING** that addresses a problem issue (i.e.: burning, itching, discharge, foreign body, etc.) along with your annual exam, that warrants being billed for BOTH your annual and your problem visit.
- 3. Effective December 5th, 2022, ALL patients will be required to pay an **Annual Patient**Administration Fee of \$100. This fee is <u>not</u> billable to insurance and non-reimbursable.
  The fee includes consulting patients over the phone, faxing documents to employers and other healthcare providers for continuity of care, calling in prescription refills, and completing any necessary forms you, the patient, may need.

Please note: Problem visits and Annual visits are NOT to be done at the same time and the services cannot be combined. If you are experiencing a problem, that should be addressed in one visit. Your annual will then be a separate visit. The reason we do not combine the visit types is because you, the patient, will be responsible for the bill in full when your insurance only covers one of the visit types. In the event a provider finds a problem during your annual exam that cannot wait to be addressed at a later date, your insurance may require you to pay a co-pay and/or deductible/coinsurance for the visit because of the annual and problem visit charge on the same day.

I have read and understand all the information above and agree that regardless of my insurance status, I am responsible for the balance on my account. In the event my insurance company is billed, I authorize all payments of medical benefits to be paid directly to Naples Women's Center.

Print Name:	Signature:
Date:	