



Central Valley Women's Health Associates

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Office Policy

Our office provides health care services specializing in obstetrics, gynecology, infertility and urogynecology. It is our goal to provide these specialized services to help you obtain your optimal level of health.

Facilities: We provide obstetric and gynecology service at Clovis Community Hospital, Saint Agnes Medical Center, and gynecologic surgical services at Fresno Surgery Center and Plaza Surgery Center.

On-Call Physician: A board certified or board eligible OB/GYN physician is on call at all times, when we not available.

Specialist: As a specialist in obstetrics and gynecology, we do not perform management in primary care. For your primary health care needs, you may be better served by a primary health care provider. We can help you establish care with a primary health care provider.

Healthy Care: We are here to give options for health care management with your particular problem. You have the right to decline any medical therapy or evaluation that we may recommend. One of our goals, in obstetrics, is to deliver healthy babies. For this reason, toxicology studies are a part of our standard lab orders for all pregnant patients and may be ordered for non-pregnant patients. Patient Consent: *Initials:* _____

Consultations: It is difficult to provide adequate medical care by telephone or fax. For this reason we ask that non-emergent concerns be addressed at scheduled office visits. Emergent calls will be addressed by staff or telephone exchange service and directed to me or the on call physician. **If you have a life-threatening emergency, call 911.**

Privacy: Privacy of your medical information is of the utmost importance. A Health Insurance Portability and Accountability Act (HIPAA) office policy is in place. A copy may be requested in how your information is used, disclosed, and accessed. Please ask our staff for a copy of our Notice of Privacy Practices. With only a few exceptions defined by Federal Law, we cannot release any of your medical information to anyone, including your spouse and/or other family members, without your specific written consent. Your request for release of information must be made in person: we do not accept phone, fax, or mailed requests.

Payment: Payment is expected at the time of service. Payment is accepted in the form of cash, check, or credit card. Your insurance will be billed with the information you provide. It is your responsibility to provide the appropriate billing information and to determine covered services through your individual health plan. We are required by insurance contracts to collect any co-pay or deductible due on the date of service. An additional fee of \$15.00 will be charged if co-pay isn't paid at the time of service.

Out of pocket Expenses: The following services are not covered by insurance:

Bill Fee for co-pays not paid at time of service	\$15
Late fee (on balance over 30 days)	\$25 per month
Missed appointment (cancelled in less than 24 hours)	Full visit charge
Returned check	\$30
Medical records request (no charge to requesting physician)	\$25
Disability and other forms (<u>after the initial form</u>)	\$20 per packet

Facilities: Many insurance carriers require that you use specific providers, including laboratory and radiology services. It is your responsibility to determine which providers are contracted with your insurance carrier.

Cancellations: If you are unable to keep your appointment, we ask you to kindly call our office at least 24 hours prior to your appointment in order to reschedule. If you fail to keep an appointment without canceling at least 24 hours in advance, you will be charged the full amount of that missed appointment. This charge will not be covered by your insurance. Once payment is received in full for the missed appointment, you may have another appointment scheduled. If you continue to miss appointments, you may be dismissed from the practice.

Email: As technology advances so do we. We are pleased to provide a new service through electronic mail. With your permission, I will send your Laboratory results, radiographic results, and appointments to your email account. Because of privacy laws we are able to email only result. We are unable to discuss your health through email. As it is your responsibility to inform us of any insurance or address change it is also your responsibility to inform us of your email address change. If you do not want this service notify us by marking no on our history form. By signing the office policy you are giving permission to use this service unless otherwise notified.

Notice to Consumers: Medical doctors are licensed and regulated by the Medical Board of California, (800) 633-2322, www.mbc.ca.gov.

It is our goal to provide the best medical care for you. If you have any questions/concerns please ask to speak with my office manager. We value your input and appreciate your suggestions.

I have read and agree to these policies, understand the notice to consumers and have had the opportunity to receive a copy of the office policy.

Patient signature _____ Date _____

Staff _____ Date _____