WomanCare

Welcome To Our Practice

We're so pleased that you've chosen WomanCare. We know that you have many alternatives when it comes to your health and wellness, and we are honored that you've selected us.

WomanCare exists to provide comprehensive, compassionate health care to women of all ages. Our goal is to provide you with the best care available today, in the most comfortable setting, using the most advanced technology.

In order to help you become better acquainted with our practice, we've outlined some of the basics every patient needs to know regarding insurance and billing. We want to be sure you're comfortable with every facet of our practice, including the financial aspects, and we encourage you to let us know if you have any questions or concerns. We know that dealing with insurance regulations and the constant changes in coverage can be frustrating, and our goal is to keep things as clear and simple as possible for you.

Please bring to your appointment:

1. Please complete the enclosed forms and bring them with you the day of your appointment. Completion of these forms prior to your visit will save you time and allow you to see the doctor more quickly on the day of your appointment.
2. Your co-pay (if you have one) will need to be paid the day of your appointment, before being seen.
3. Any office fees that apply to your deductible will need to be paid the day of your appointment as well.
4. If your insurance requires a referral, please obtain this prior to your visit. If we do not participate with your insurance, payment in full will be necessary on the day of your appointment. As a courtesy to you, we will be glad to file with your insurance for reimbursement. If you have no insurance coverage, we ask that you pay in full at the time of your appointment. For your convenience, WomanCare accepts both Visa® and MasterCard®.

If you have any questions at all regarding billing or insurance, please feel free to call us at (812) 280-2134.

If you need to cancel or reschedule your appointment, please call and give us 24 hours notice, so that we may see other patients who need care.

Again, we're excited that you have chosen WomanCare. We are committed to providing you with warm and professional care, and we look forward to serving you for many years to come.

Sincerely,

Christopher S. Grady, MD
Ronald L. Wright, MD
Elizabeth Ann Bary, CNM
Alison Reid, RN, CNM
Chelsae Nugent, APRN, WHNP

WomanCare

Patient Name: _____

Home Address: _____

_____

City State Zip Code

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Age: _____ Date of birth: _____ Social Security Number: _____

Race: _____ Ethnicity: _____ Primary Language: _____

___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Place of Employment: _____ Work Phone Number: (_____) _____

Email Address: _____ Primary Care Physician: _____

Patient Pharmacy: _____ Pharmacy Location: _____

****

Spouse Name: _____ Spouse Date of Birth: _____

Spouse Cell Phone: (_____) _____ Spouse SSN: _____

Spouse Place of Employment: _____ Spouse Work Phone: (_____) _____

******Emergency Contact other than Spouse Information******

Name: _____ Date of Birth: _____

Relationship to Patient: _____ Phone Number: (_____) _____

Insurance Information - **Please present your insurance information and your Photo ID to front desk to update your chart**

Primary Insurance: _____

Secondary Insurance: _____

****PLEASE NOTE THAT ALL COPAYS AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE****

Patient Signature: _____ Date: _____

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WOMANCARE, LLC
ACKNOWLEDGEMENT OF RECEIPT OF HIPPA PRIVACY NOTICE

I have received the Practice's HIPPA Notice and understand that my protected health information may be used by the practice as described in the notice.

Please list below the individual's, if any, and their relationship to you that you give permission to have access to your protected health information.

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Patient's Name (Print):_____

Patient's Signature: _____ Date: _____

WomanCare

WOMANCARE, LLC
PRIVACY POLICY

This notice is provided in accordance with HIPAA (Health Insurance Portability and Accountability Act), a government regulation established to protect the privacy of patients' health information. It describes how we may use or disclose your protected health information to carry out treatment, payment, or healthcare operations or other purposes that are permitted or required by law. It also describes how patients can gain access to such information. Please review this carefully. If you should have any questions regarding this notice, please contact our office at (812) 282-6114.

1. We may use and disclose protected health information upon your written consent or for purposes of treatment, payment, or healthcare operations.

2. Other uses of your healthcare information will be made only with your written authorization, for which you may revoke.

3. We may use and disclose your health information to others involved in your healthcare (unless you stipulate otherwise). Examples are other healthcare agencies, physicians, a family member who has written authorization to receive information, in emergency situations or situations where there are communication barriers.

4. Other permitted uses and disclosures without your consent may be required by law; for public health activities, communicable disease notifications, suspected abuse or neglect, Food and Drug Administration for medical problems, legal proceedings, and law enforcement. Information may be disclosed to coroners, funeral directors, organ donation programs, for research in criminal activities, military activity and matters of national security, for worker's compensation, and for inmates required by law.

5. You have a right to inspect and copy your health information.

6. You have a right to request a restriction of your protected health information.

7. You have a right to request and receive confidential communications from us by alternative means or an alternative location.

8. You have a right to request that your physician amend your protected health information.

9. You have a right to receive notification of certain disclosures we have made, if any, of your protected information.

10. You have a right to obtain a copy of this notice or a more detailed policy from us upon request.

11. You have the right to contact the Secretary of Health and Human Services if you believe that our office has violated the rights or your privacy.