Madrigal Gynecology & Gyn Oncology

3661 S. Miami Avenue Suite 603

Miami, FL 33133-4232

PATIENT INFORMATION			
Patient Number:	Gender: F	Date of Birth:	
Last Name:		Age:	Marital Status:
First Name: Initial :		Social Security #:	
Address:		Home Phone:	
City, State, Zip:		Work Phone:	
Email Address:		Cell Phone:	
Employer:		Race:	Ethnicity:

RESPONSIBLE PARTY			
Account #	Patient Relationship to Guarantor:		
Last Name:		Gender	
First Name:		Date of Birth:	
Address:		Home Phone:	
City, State, Zip:		Work Phone:	
Employer:		Cell Phone:	

INSURANCE INFORMATION			
Primary Insurance:		Policy/Subscriber:	
Address:		Date of Birth:	
City, State, Zip:		Insured Policy ID:	
Plan Phone:		Group Number:	
Effective Dates:		Patient Relationship to Subscriber:	
Secondary Insurance:		Policy/Subscriber:	
Address:		Date of Birth:	
City, State, Zip:		Insured Policy ID:	
Plan Phone:		Group Number:	
Effective Dates:		Patient Relationship to Subscriber:	

MISCELLANEOUS INFORMATION	EMERGENCY CONTACT INFORMATION
What is the best telephone number to contact you?	Emergency Contact: Patient relationship to Contact:
I authorize Madrigal Gynecology & Gyn Oncology, LLC to leave a message containing detailed medical information at the number listed above.	Emergency Contact Home Phone: Emergency Contact Work Phone: Emergency Contact Cell Phone:

Acct #: Patient Name: Date of Birth:

What is your preferred Pharmacy's Phone number: ( ) _____-_____	Who referred you to us? Please circle one: Friend Relative Physician Existing Patient Insurance Other (Please specify) _____

MEDICAL AUTHORIZATIONS AND RELEASE OF INFORMATION

INSURANCE AUTHORIZATION AND ASSIGNMENT. I hereby authorize Madrigal Gynecology & Gyn Oncology, LLC to furnish information to my Insurance Carrier concerning illness and treatments and hereby assign Madrigal Gynecology & Gyn Oncology, LLC payments for medical services rendered to myself or dependents. **I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE.**

Signature x_____ **Date:** _____

Notice of Privacy Acknowledgement

- I acknowledge that the Notice of Privacy Practices is available.
  (If you would like a copy of the Privacy Practices, please request one at the front desk)
- I acknowledge that due to the current HIPPA laws my doctor is required to obtain a written consent to disclose any Private Health Information in the presence of anyone other than myself.

Please check the corresponding line:

_____ **I ALLOW** Madrigal Gynecology & Gyn Oncology, LLC to discuss details of my medical records/financial records with _____
(Please print name of authorized family member or friend)

Relation (of authorized person) to patient _____

_____ **I DO NOT ALLOW** Madrigal Gynecology & Gyn Oncology, LLC to discuss details of my medical records/financial records with anyone else but me.

_____ _____
Patient's Signature Patient's Name

Insurances

Avmed

Avmed Medicare

Aetna

Ambetter(Marketplace)

Blue Cross Blue Shield

Blue Cross Blue Shield Medicare (except My Blue & Blue Select)

Blue options

Bright Health

Careplus

Cigna

Humana (commercial)

Humana (medicare)

United Health (commercial)

United Health medicare

UMR

Medicare

Simply Medicare

Medica

Preferred Care Partners

Health Sun

Tricare

*** **subject to change and update**

GENERAL CONSENT FOR COMPREHENSIVE EXAMINATIONS INVOLVING PELVIS AND/OR RECTUM

I understand the planned procedure and I consent to a medically indicated physical examination which may include, but may not be limited to the following:

( ) a female Gynecological Exam which may include a rectal exam and a pelvic exam

( ) An Ultrasound Exam which may include a probe placed in the vagina.

( ) A rectal exam only

( ) An Ultrasound Exam which may include a probe placed into the rectum.

( ) Other procedures as listed _____

( ) Examination of external genitalia_____

This examination will be performed by any provider from _____ LLC.

The consent will remain active until I withdraw my consent in writing.

Name of Patient

_____

Signature of Patient or Patient's Representative if under 18

_____

Date _____

WELL WOMAN WAIVER

Dear Patient: _____

It is very important to understand that only visit per year is allowed to be billed for well woman for **preventive care** by only one physician yearly. If you have seen any other physician within the time frame one year from your last well woman visit, our billing for well woman visit will be rejected and denied by your insurance carrier, making you responsible for 100% of the billed charges. _____

Please notify us if you have seen your Gynecologist, Primary care physician, Internal Medicine physician during the span of this year for well woman visit ( ) Yes ( ) No

If today's visit with our physicians is for Well Woman please sign below:

Signature: _____ Date: _____

WOMEN'S PREVENTIVE SERVICES GUIDELINES SUPPORTED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION

Under the Affordable Care Act, women's preventive health care - such as mammograms, screenings for cervical cancer, prenatal care, and other services - generally must be covered by health plans with no cost sharing. However, the law recognizes and HHS understands the need to take into account the unique health needs of women throughout their lifespan.

The HRSA-supported health plan coverage guidelines, developed by the Institute of Medicine (IOM), will help ensure that women receive a comprehensive set of preventive services without having to pay a co-payment, co-insuranse or a deductible. HHS commissioned an IOM study to review what preventive services are necessary for women's health and well-being and therefore should be considered in the development of comprehensive guidelines for preventive services for women. HRSA is supporting the IOM's recommendations on preventive services that address health needs specific to women and fill gaps in existing guidelines.

HEALTH RESOURCES AND SERVICES ADMINISTRATION WOMEN'S PREVENTIVE SERVICES GUIDELINES

Non-grandfathered plans (plans or policies created or sold after March 23, 2010, or older plans or policies that have been changed in certain ways since that date) generally are required to provide coverage without cost sharing consistent with these guidelines in the first plan year (in the individual market, policy year) that begins on or after August 1, 2012.

For further information please visit the following link: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html

WELL WOMAN WAIVER

Querida Paciente: _____

Es muy importante el entender que solamente una visita al año esta permitido facturar como **medicina preventiva** a los seguros privados por el concepto de "well woman" como examen de cuidado preventivo.

Solo una visita por médico por año. Si usted ha visitado a otro médico y le ha hecho un reconocimiento de "well woman", usted tiene que esperar un año de esa fecha para que uno de nuestros doctores le pueda hacer el reconocimiento de "well woman" porque de lo contrario nuestra factura por "well woman" a su seguro será negada y usted sería responsable del 100% del costo de la visita.

Por favor, infórmenos si usted ha visto a su ginecólogo, un médico de cabecera o un médico internista desde que realizo el ultimo reconocimiento de "well woman" en nuestra oficina ( ) Si ( ) No

Si su visita de hoy a uno de nuestros médicos es para un reconocimiento de "well woman", por favor firme debajo:

Firma: _____ Fecha: _____

LINEAMIENTOS PARA EL CUIDADO PREVENTIVO DE LAS MUJERES APOYADO POR LA OFICINA DE RECURSOS DE SALUD Y SERVICIOS ADMINISTRATIVOS

Bajo el Acta de Cuidado Asequible, el cuidado preventivo de la mujer como son - mamografía, pruebas para detector de cáncer cervical, cuidado pre-natal y otros servicios médicos - generalmente deben ser cubiertos por su seguro de salud sin costo para el paciente. Sin embargo la ley reconoce y la Oficina de Salud para Humanos (HHS por sus siglas en Inglés) entiende la necesidad de tener en consideración las necesidades especificas de salud de las mujeres a través de su vida.

Los lineamientos aprobados por HRSA para determinar la cobertura de los seguros de salud, fueron hechos por el Instituto de Medicina (IOM por sus siglas en inglés) y ellos ayudan a asegurar que las mujeres puedan recibir una amplia gama de servicios médicos preventivos sin que usted tenga un copago, una cuota parcial del seguro ó deducible. HHS comisionó a IOM que hiciera un estudio para revisar que servicios preventivos que eran necesarios para asegurar la buena salud y bienestar de la mujer, por lo tanto este estudio debe ser considerado al desarrollar los lineamientos de cuidados preventivos de la mujer. HRSA acepta las recomendaciones de IOM relacionadas con el cuidado preventivo y las necesidades especificas de la salud de la mujer llenando asi los baches que puedan existir en los lineamientos actuales.

RECURSOS DE SALUD Y SERVICIOS ADMINISTRATIVOS (HRSA POR SUS SIGLAS EN INGLES): LINEAMIENTOS DE SERVICIOS PREVENTIVOS

Los planes no garantizados (planes y polizas creadas o vendidas después de Marzo 23 del 2010, ó planes viejos ó polizas que han sido cambiadas de alguna manera desde esta fecha) generalmente requieren proveer cobertura sin costos compartidos con el paciente y esto es consistente con los lineamientos mencionados, durante el primer año del plan (en el Mercado individual y el año de la poliza) que empieza en ó después de Agosto 1 del 2012.

Para mas información por favor visite: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html