

**Maetozo's Total Woman's Care of St. Augustine, LLC**

**Well Woman Annual Exam Consent**

It is our understanding that your appointment today is for an Annual Well Woman Exam. This exam includes a breast exam, pelvic exam and pap smear (if indicated).

This preventative exam does not include treatment for a problem. If you are experiencing a problem and the provider has time to address it outside of the routine visit, there will be an additional office charge and/or copay. If there is not sufficient time to adequately address additional issues, you will be scheduled for a visit on a different day.

Some insurance policies do not cover preventative care. If your insurance company denies your visit, you will be responsible for today's charges.

Please sign below indicating that you have read and understand the above consent.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date