



C O V I N G T O N  
WOMEN'S HEALTH  
S P E C I A L I S T S

4181 Hospital Drive, NE, Ste. 101 & 104 Covington, GA 30014  
5154 Cook Street, Covington, GA 30014, 5165 Cook Street, Covington, GA 30014  
3161 Mill Street, Covington, GA 30014

770-385-8954

**Reason for Visit**

\_\_\_\_ Annual/Well Woman Visit (This is considered a preventative service by your insurance company and includes a general health check, breast exam, and pap smear ONLY. **An annual exam visit does NOT include discussion of new problems or detailed review of chronic conditions, or any labs associated with those problems or conditions.**)

\_\_\_\_ Post-Op

\_\_\_\_ Pregnancy Visit

\_\_\_\_ Post-Partum Visit

\_\_\_\_ I have a problem/complaint that I wish to have evaluated/treated and will pay my copay.

My complaint is: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

\_\_\_\_ Procedure

\_\_\_\_ Colposcopy

\_\_\_\_ Endometrial Biopsy

\_\_\_\_ Repeat Pap

\_\_\_\_ Blood Work

\_\_\_\_ Urine Culture

\_\_\_\_ IUD insertion

\_\_\_\_ Pre-OP

\_\_\_\_ Post-OP

\_\_\_\_ Hysteroscopy

\_\_\_\_ IUD removal

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Injection

\_\_\_\_ Depo Provera

\_\_\_\_ Gardasil

\_\_\_\_ Other: \_\_\_\_\_

PLEASE NOTE: A well woman exam preventative (annual exam) visit includes a medical history, physical exam and testing to screen for asymptomatic (no symptoms) diseases and renewal of maintenance medications. As per standard coding guidelines, **an additional service may be billed if any additional medical problem is addressed or if significant additional time is spent in counseling at the time of our Annual Exam.**

I agree to pay for any and all medical services I receive from Covington Women's Health Specialist, LLC that are not covered services, or if payment is denied by my insurance company.

I also agree and understand that Covington Women's Health Specialists, LLC can only code and file claims with my insurance carrier for my office visit with the diagnosis that was encountered according to the medical documentation recorded at the time of service.

To prevent erroneous denials and to assure appropriate insurance reimbursement for your visit, be sure that you clearly indicate above what you are being seen for today. At the time of check-out, please double check your diagnosis code to be sure there is no miscommunication between you and the provider. **DIAGNOSIS CODES WILL NOT BE CHANGED AFTER THEY ARE SUBMITTED TO THE INSURANCE CARRIER.**

If I fail to pay for services provided by Covington Women's Health Specialists, LLC when due, I agree to pay usual billing and late charges, and for all costs of collection, including reasonable attorney fees incurred as a part of the collection process.

Patient (print): \_\_\_\_\_

DOB: \_\_\_\_\_

Patient (signature): \_\_\_\_\_

Date: \_\_\_\_\_