

**WOMEN'S INTEGRATED HEALTH CARE, P.C.**

**Keith A. Heslinger, M.D.    Martin W. Lapa, D.O.    Stacey L. McEwen, D.O.  
Thomas C. Wright, D.O.    Karen S. Taylor, N.P.**

**OFFICE POLICIES**

**NORMAL OFFICE HOURS:**

**Monday – Thursday**

Appointments    8:30 – 11:30 a.m.  
                              1:00 – 4:00 p.m.  
Phones            9:00 a.m. – 12:00 p.m.  
                              1:00 p.m. – 4:30 p.m.

**Friday**

Appointments    8:30 – 11:30 a.m.  
Limited            1:00 – 4:00 p.m.  
Phones            9:00 a.m. – 12:00 p.m.

**Patient initials**

\_\_\_\_\_

**PATIENT INFORMATION**

Upon checking in, please provide any new information you may have, such as change of address, phone number, new insurance card, etc. So that we have the most current information possible, we also ask that you update your patient information sheets annually.

**Patient initials**

\_\_\_\_\_

**APPOINTMENTS**

When making an appointment, please be clear about what you wish to see the doctor for. It is very important to distinguish the visit from a well visit, such as an annual exam, and a visit addressing a specific problem. Since some insurances require a referral from your primary care physician for problem visits, we are not able to combine a routine visit and a well visit; therefore, it may be necessary to schedule a separate appointment if you have more than one issue that needs to be addressed.

**Patient initials**

\_\_\_\_\_

**If you know you will be late for your appointment, please call to let us know. We will do our best to accommodate you. If you are more than 15 minutes late we may offer to work you in at the end of the morning or afternoon schedule or in some instances you may be asked to reschedule. We ask that if you need to cancel you give us at least 24 hours advance notice. *Three or more missed appointments may result in discharge from the Practice.* Appointments not canceled or rescheduled at least 24 hours in advance may be billed for an office visit.**

**Patient initials**

\_\_\_\_\_

**CALLS WITH QUESTIONS**

If you need to call the office with a question you can leave a message on the Triage line. Please be sure to select either OB or GYN so your question can be routed most efficiently. Please give your last name first (always spell both your first and last name), and your date of birth.

**Patient initials**

\_\_\_\_\_

If you are calling for **PRESCRIPTIONS OR REFILLS** be sure to spell the name of the medication and give the dosage of the refill you are requesting and provide the pharmacy name and telephone number. If you are calling for birth control refills and are due for an annual exam, your request may be denied unless you have an appointment already scheduled. If the return call number you are leaving is a daytime only number, please be sure to provide an alternate contact number.

**PLEASE ALLOW 48 HOURS FOR PRESCRIPTION REFILLS**

(Continued on back)

**Patient initials** **AFTER HOURS**

\_\_\_\_\_

Should you have an urgent or emergent situation arise after office hours that cannot wait until the next business day, please call the main office number (810) 606-9190 and stay on the line to be transferred to the answering service. The doctor on call will be paged to return your call. Please note, prescription refills are not considered urgent. Should your call be deemed non-urgent you may be charged a \$25.00 phone consultation fee.

**Patient initials** **HMO (HEALTH MAINTENANCE ORGANIZATION) INSURANCE**

\_\_\_\_\_

If you have an HMO insurance plan, there are certain appointments for which you MUST have a referral from your primary care provider. If it is determined that the appointment type you are scheduled for requires a referral we will make you aware of this and provide the necessary codes your primary care doctor will need to issue the authorization. It is your responsibility to obtain the referral and we must have the referral by the time you are seen. If we do not have it the day prior to your appointment you will be asked to reschedule.

**Patient initials** **PAYMENT**

\_\_\_\_\_

**FULL PAYMENT IS EXPECTED AT TIME OF SERVICE.** Please do not ask us to bill you for any portion of your visit that is determined to be your responsibility (co-pays, deductibles and co-insurances). If you do receive a bill from our office, payment is due within 30 days from the receipt of the bill. Should there be extenuating circumstances as to why you are unable to pay in full, you will need to speak with one of our billing managers at (810) 658-1480 or 658-1046 immediately. Delinquent accounts (unpaid after 90 days) will be turned over to our collection agency and no appointments will be available to you until your balance is paid in full, or you may be discharged from the Practice.

**Patient initials** **Your health insurance policy is an agreement between you and your insurance company. Just as it is with other insurances that protect you, such as your homeowners or auto insurance. It is your responsibility to know what your policy covers and the amount of your deductibles and co-payments. It is also your responsibility to know which services, prescriptions, lab tests and treatments are covered under your specific health plan and which of those services require predetermination, prior-authorization or a referral in order to be paid.**

**UNDERSTANDING**

My signature below indicates that I have read the policies as outlined above and I have been given a copy of this document. Any questions I may have had relating to any of the policies above have been answered and I understand and agree to these policies.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Patient or Guardian Signature

\_\_\_\_\_

Date