Williamsburg Obstetrics & Gynecology

David C. Pearce, M.D., F.A.C.O.G.
Emily F. Roberson, M.D., F.A.C.O.G.
Benjamin T. Isbell, M.D., F.A.C.O.G.
Kristy Keller, M.D., F.A.C.O.G.
Erin Wilkey, M.D., F.A.C.O.G.
Karen McNamara, FNP-C
Chiquita K. White, WHNP-BC

Patient Information

Social Security # _____ Date _____

Patient's Name _____ Home Telephone _____

Address _____ Work Telephone _____

City _____ State _____ Zip _____ Birth Date _____

Cell Phone _____ Email _____

Employed ❑ Yes ❑ No Student ❑ Full Time ❑ Part Time Marital Status _____

Employer/School _____ PCP/Family Physician _____

Employer/School Address _____

City _____ State _____ Zip _____ Occupation _____

Emergency Contact _____ Emergency Telephone_____ Relationship _____

Insurance Information

If you are not the policy holder, please provide subscriber's date of birth.

Primary Insurance _____ Secondary Insurance _____

Group # _____ Group # _____

Policy # _____ Policy # _____

Subscriber's Name _____ Subscriber's Name _____

Subscriber's Date of Birth _____ Subscriber's Date of Birth _____

Subscriber's Social Security # _____ Subscriber's Social Security # _____

Subscriber's Employer _____ Subscriber's Employer _____

Relationship to Patient _____ Relationship to Patient _____

Please See Reverse Side For Important Information

Williamsburg Obstetrics & Gynecology

Please Read Carefully

Welcome to Williamsburg Obstetrics and Gynecology! We are committed to providing you with the best medical care possible and look forward to a long and healthy relationship. We will file your insurance claims automatically for you. It is *imperative* that you give us correct, updated and accurate insurance information. Your understanding of your specific insurance policy, and of our payment policy, will be of great benefit to our relationship. We will make every effort to answer any questions you might have. The following statements are areas that are most frequently misunderstood by the patient. Please review carefully.

1. Not all services are a covered benefit. Some insurance carriers arbitrarily select certain services they will not cover. It is up to you, the patient, to know what these services are. We will do our very best to assist you in this area; however, this ultimately is your responsibility. ThinPrep pap testing is now routinely performed. Most major insurance carriers normally cover this testing; however, you may incur additional co-pay involved with this testing. Ultimately it is your responsibility to notify the provider if you elect not to have the ThinPrep performed.
2. It is your responsibility to know when a referral is needed, and to obtain the referral *before* you arrive for your appointment. If your primary care physician has any questions regarding the necessity, we will gladly answer them. If our providers refer you to another specialist, it is your responsibility to obtain that referral/ authorization prior to the appointment,
3. The insurance carriers consider this medical field to be a 'specialist.' Therefore, your co-payment may be higher that other physician fields. Please refer to your insurance card or contract for that amount.
4. All co-payments, any deductible that has not been met, and services that are not covered by your contract, are due at the time of your visit. This also includes Medicaid co-payments. If you do not participate with your *insurance carrier, payment in full is expected at the time of service.* We will file with your insurance carrier as a courtesy to you.
5. As a courtesy, we will provide one copy of your medical records and completion of one medical form, at no charge. Additional requests for records or completion of forms is subject to a charge.

If you do not have health insurance, financial arrangements must be made in advance with our business office. If you are pregnant or need surgery, please be prepared to make a substantial payment in advance. We accept cash, checks, MasterCard, and VISA. There is a $25.00 charge for any returned check. We reserve the right to require subsequent payments on such accounts in cash. Delinquent accounts will be billed for the cost of collection, in the event they are turned over to an outside agency or our attorney for collection.

Your signature below is your acknowledgment of this information. This serves as your authorization to release any necessary medical information to your insurance carrier to process claims for services rendered. This also serves as your authorization of payment of all medical insurance benefits, which are payable under terms of your insurance policy, to be paid directly to Williamsburg Obstetrics & Gynecology for services rendered. A copy of this authorization may be used in place of the original.

Signature _____ Date _____