



NEWS - Network for Effective Women's Services
Medical Office of Dr K. Melville / Dr E. Schultz
1351 Stonebridge Pkwy, #106
Watkinsville GA 30677
Phone: 706.769.0720 Fax: 706.769.8754

Demographic Information for NEWS

Name: _____ Date of birth: ___/___/___ Female / Male Age: _____

Address: _____ Soc.Sec.No.: _____

_____ Home Phone: (____) _____

_____ Work Phone: (____) _____

_____ Cell Phone: (____) _____

E-mail address we may use to contact you: _____

Office Consent Information:

Consent to Care: I consent to interview, examination, and routine testing at NEWS. This consent will remain in effect while I am an active patient at NEWS.

Signed: _____ Date: _____

Financial Consents: I have read the Financial Policy of NEWS and understand that I am financially responsible for all charges of services rendered to me, including but not limited to the remaining balance left after payment of possible insurance benefits. Any payments made to NEWS in error will be sent back to my insurance company to be reissued to me by my insurance company.

Signed: _____ Date: _____

HIPAA Consents: I have read the Privacy Policies of NEWS. I realize that these policies are mandated by the government via HIPAA-Health Insurance Portability and Accountability Act. I give my consent to use and disclose my health information for the following purposes: treatment, payment, healthcare operations, appointment reminders, treatment alternatives, health-related products or services. Please write in those services you do not consent to:

**If you do not give your Consent for purposes of treatment, payment or healthcare operations we will not be permitted to use or disclose information about you and unless you pay your bill in full with cash at the time of service, we will not be able to provide you with healthcare treatment and services.

Signed: _____ Date: _____

Fees Our Office Visit Charges Do Not Cover:

Our office fees **DO NOT** cover the cost of any referrals, pap smears, laboratory, or pathology services. These charges will be filed to your insurance company, if applicable, by the lab performing the service. If the laboratory cannot collect on these charges for any reason, **YOU** will be responsible for these fees. So, please help by filling out your insurance information legibly, accurately and completely! Otherwise, YOU may be re-filing them to your insurance company for reimbursement.

Disclaimer: I realize that referrals, pap smears, laboratory, or pathology services are NOT included in any visit charges and that I am responsible for all additional costs ordered at NEWS.

Signed: _____ Date: _____

Insurance Information:

___ I have no insurance. Please fill out next section "Additional Mode of Payment"

Primary Insurance: _____

Policy holder's name if different than patient: _____

Patient's relationship to policyholder: (circle) Spouse Dependent Child Other: _____

Their Social Security#: _____/_____/_____ Their Date of Birth: _____/_____/19____

Policy ID# of Patient: _____ Policy Group#: _____

Secondary Insurance: _____

Policy holder's name if different than patient: _____

Patient's relationship to policyholder: (circle) Spouse Dependent Child Other: _____

Their Social Security#: _____/_____/_____ Their Date of Birth: _____/_____/19____

Policy ID# of Patient: _____ Policy Group#: _____

Tertiary Insurance: _____

Policy holder's name if different than patient: _____

Patient's relationship to policyholder: (circle) Spouse Dependent Child Other: _____

Their Social Security#: _____/_____/_____ Their Date of Birth: _____/_____/19____

Policy ID# of Patient: _____ Policy Group#: _____

Additional Mode of Payment Other Than Insurance:

The below alternate mode(s) of payment may be used to finalize charges occurred by me at NEWS.

___ Insurance, as above.

___ Check

___ Cash

___ Credit Card: VISA / MasterCard / AmEx / Discover

#: _____ Expires: _____ / _____ | Sec.Code: _____

Signed: _____ Date: _____

SUBMITTING YOUR DEMOGRAPHICS TO LABORATORIES:

NEWS uses your name and social security number in order to identify your lab work. If you have concern with this, let us know. Anonymity is offered in the case of sensitive testing like HIV testing. If you ever desire to remain anonymous, please inform us at the time of testing.

A WORD OF CAUTION ABOUT SPECIALITY LABS:

Many of our specialty labs do not accept Medicare or Workman's Compensation. Many insurance plans do not recognize specialty lab testing.

Thus, before testing, be sure to check with your insurance company and be sure what they will and won't cover.

If you plan to bill your insurance company, you will still need to pay 20% of the testing & handling fee at the time of blood draw. If your insurance company decides to deny the lab testing, you will then be responsible for this higher fee in full. Our specialty labs charge less for lab work when "paid-in-full" at the time of testing. So if you don't want this extra cost of processing your insurance, be prepared to pay at the time of testing! The lab will then send you a form to file with your insurance after lab processing.

FUTURE LAB WORK:

NEWS will handle all future lab charges in the above manner unless you inform us of changes in writing by submitting an updated laboratory charge form. Thank you for helping us make the financial and legal side of medicine easier.