

Important Information for our Patients Regarding Annual Well Woman Exams

Dear Patient,

You have an Annual Wellness Exam scheduled for today and there is important information we want you to be aware of as it can affect what your insurance will or will not pay for. Federal regulations regarding coding and billing rules can be quite complicated and generate many questions from our patients.

Your Annual Well Woman Exam **WILL** include:

- A complete history and physical exam (including a breast exam and pelvic exam).
- Questions about other medical conditions and counseling on risk factors, including: sexually transmitted disease prevention, diet and exercise, stress management, smoking cessation, self-breast exams, birth control, menopausal symptoms and hormone replacement therapy.
- Routine health maintenance only which does include discussion and management of any conditions that are under control (not new).
- A screening complete blood count (CBC) if needed. If you have had screening lab work with your primary care provider, then it does not need to be repeated in our office.

Your Annual Well Woman Exam **DOES NOT INCLUDE:**

- Procedures (biopsies, ultrasounds, vaccine administration, etc.).
- Discussion or management of any new (acute) or complicated chronic conditions. If a separate problem is identified during the course of the annual exam, then we are required to submit claims separately from the screening/preventative services based on the documentation in the medical record of the service provided. That means that **two services may be billed – an age appropriate preventive medicine exam and a problem focused office visit (for example - bleeding, thyroid issues, known chronic issues being addressed, etc.).**
- Lab work ordered to diagnosis a condition based on acute (new) symptoms, i.e. urinalysis.

With the implementation of the Affordable Care Act, there have been **changes to the coverage of screening lab tests** with some insurance plans. If a lab is done for a specific diagnosis rather than screening, it will most likely not be covered under your Wellness/Preventive coverage benefits meaning that you may owe part or the entire allowed amount. This does not mean that the services were denied by your insurance company rather they were allowed but applied to your deductible or co-insurance according to your benefits.

Please note that all billing for laboratory services (bloodwork, cultures) is done by Labcorp and all billing for pathology services (Pap Tests, biopsies) is done by Eastern Carolina Pathology (ECPA) and not by Nash Ob-Gyn Associates. All questions regarding this billing should be directed to the appropriate laboratory billing department.

We bill for our services according to nationally recognized standards. For compliance purposes, we do this without regard to a patient's insurance coverage and we will not alter charges or diagnoses in order for services to be covered or paid by a patient's insurance plan as this would be considered fraud.

We know that this can be confusing and this information is not intended to prevent you from talking with your provider about your healthcare issues. High quality healthcare remains our first priority.

Thank-you for entrusting Nash Ob-Gyn Associates, P.A. for your care!