



Williamsburg Obstetrics & Gynecology

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Emily F. Roberson, MD, FACOG
Benjamin T. Isbell, MD, FACOG
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Erin A. Wilkey, MD, FACOG
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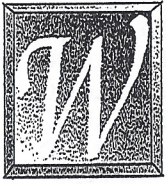
PATIENT INFORMATION

Social Security # _____ Date _____
Patient's Name _____
Birth Date _____ Home Telephone _____
Cell Phone _____ Work Telephone _____
Address _____
City _____ State _____ Zip _____
Email _____
Marital Status _____ PCP/Family Physician _____
Pharmacy Name/Address _____
Emergency Contact _____ Emergency Phone # _____
Relationship _____

INSURANCE INFORMATION

Primary Insurance _____	Secondary Insurance _____
Group # _____	Group # _____
Subscriber's Name _____	Subscriber's Name _____
Subscriber's Date of Birth _____	Subscriber's Date of Birth _____
Relationship to Patient _____	Relationship to Patient _____

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION



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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.
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 than that of other physician fields. Please refer to your insurance card or contract for that amount.
4. All co-payments, any balances, any deductible that has not been met yet, 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 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 change.
6. Please sign up for patient portal. Having access to the patient portal gives you benefits such as viewing lab/path results, asking questions directly to your provider, requesting appointments, pay your bill online and so much more! Ask receptionist at front desk if you have any questions about how to sign up.

If you do not have health insurance, financial arrangements must be made in advance with our billing department. If you are pregnant or need surgery, please be prepared to make a substantial payment in advance. We accept cash, checks, MasterCard, Visa, Discover and American Express, as well as Care Credit. There is a \$30.00 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 and Gynecology for services rendered. A copy of this authorization may be used in place of the original.

Signature _____ Date _____