

Well-Women Exam Disclaimer

I understand that my chief reason for being seen today is for a well-woman exam (also known as an annual exam, routine exam or a yearly exam).

I understand that when insurance is filed, a well-women exam will be listed as the primary diagnosis and the charge may not be covered by my insurance plan.

I understand that if my insurance company denies a payment for the well-women exam, I **cannot** request Women's Medical Associates to resubmit the claim as a problem visit as my insurance company could interpret this as fraud.

Patient's Signature

_____/_____/_____
Date

Account#

