



Joseph Gauta, MD, FACOG | Amanda Schultz, PA-C

Specialized Diagnostic, Treatment and Rehabilitative Care for Women with Incontinence, Pelvic & Bladder Disorders

1890 SW Health Parkway, Suite 205, Naples, FL 34109 | 239-449-7979 | fax 239-593-3356 | [www.FloridaBladderInstitute.com](http://www.FloridaBladderInstitute.com)

## INFORMATION UPDATE

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Consent to receive automated calls Y or N? Consent to receive text messages Y or N?**

Race: \_\_\_\_\_ Preferred Language: \_\_\_\_\_ Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ I prefer not to disclose \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_ Religion \_\_\_\_\_

Spouse's Work #: \_\_\_\_\_ Spouse's Cell Phone #: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**May we send you medical information via your e-mail Y or N?**

Preferred Pharmacy: \_\_\_\_\_ Pharmacy Phone #: \_\_\_\_\_

**PLEASE HAVE YOUR INSURANCE CARD AND A PHOTO ID (DRIVER'S LICENSE, ETC.) AVAILABLE**

**Primary Insurance:** \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Group# or Enrollment Code: \_\_\_\_\_

**Insured Party Name:** \_\_\_\_\_

Insured Date of Birth: \_\_\_\_\_ ( ) Female ( ) Male

Secondary Insurance: \_\_\_\_\_

### PATIENT'S EMPLOYER INFORMATION

Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer City, State, Zip: \_\_\_\_\_

### PLEASE READ AND SIGN BELOW

The patient understands that he/she or responsible party is financially responsible for all fees not paid by insurance or third party coverage. In addition, the patient authorizes his/her insurance company to pay Especially for Women directly for services rendered. In the event that an outside collection agency is necessary to enforce payment of the account, the patient agrees to pay for all collection fees deemed reasonable. This form will also give authorization for Especially for Women to release any medical information necessary to process any insurance claims.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date



---

Joseph Gauta, MD, FACOG | Amanda Schultz, PA-C

### Financial Information

**Well Woman Exam:** Most insurance companies do not cover more than one routine well woman exam per 365 day period. If you have had this service provided by another provider within the last 365 days you will be responsible for paying for today's visit.

**Pathology Notice:** Certain tests that you have done in the office will be sent to a pathologist for diagnostic evaluation. The pathologist will submit a bill to your insurance company and bill you directly if there is a balance due.

**Phone Calls:** We encourage you to use the patient portal\* to communicate with your provider concerning health questions. Communication through the patient portal is more efficient and does *not* incur a charge to you. Phone calls regarding health concerns *will* incur a charge. The charge will vary from \$30 to \$90 depending on the length of the call.

**Surgery Cancellation Policy:** A fee of \$250.00 will be charged if you cancel a scheduled surgical procedure with less than a 48 hrs notice.

**Office Visit Cancellation & No Show Policy:** A fee of \$50.00 will be charged if you cancel a scheduled office visit less than 24 hours from the appointment time. Scheduled in-office surgical procedures will incur a fee of \$100 to you if cancelled less than 24 hours in advance.

**Assignment to Pay for Services:** I agree to pay the Florida Bladder Institute & Especially for Women for all charges for services rendered today, or any future date of service, in this office. I understand that any unpaid charges will be billed to my credit card. I further understand, in the event this account is referred to an agency or attorney for collection, I will be responsible for all collection fees, attorney's fees and/or court costs.

**I Agree with all of the statements above.**

---

Signature of Patient or Responsible Party

---

Date

\*Make Appointments, Send Messages, Access Your Health Records & See Your Billing Statements  
24 Hours A Day On The Patient Portal Found On Our Website [www.FLORIDABLADDERINSTITUTE.COM](http://www.FLORIDABLADDERINSTITUTE.COM)

Joseph Gauta, MD, FACOG | Amanda Schultz, PA-C

Specialized Diagnostic, Treatment and Rehabilitative Care for Women with Incontinence, Pelvic & Bladder Disorders

1890 SW Health Parkway, Suite 205, Naples, FL 34109 | 239-449-7979 | fax 239-593-3356 | [www.FloridaBladderInstitute.com](http://www.FloridaBladderInstitute.com)

Patient Name: \_\_\_\_\_ Identification Number: \_\_\_\_\_

**ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)**

**NOTE:** If Medicare doesn't pay for items checked or listed in the box below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need.

<b>Listed or Checked Items Only:</b>	<b>1)Pelvic Screening Exam (includes breast exam)</b>	<b>2)Screening Pap Test</b>	<b>3)Routine Lab ie:</b> urine screen, hemoglobin, blood sugar	<b>4)Misc Lab ie:</b> cultures, biopsy's, tests, supplies ** Welcome to Medicare visit**
<b>Reason Medicare May Not Pay:</b>	<b>Covered service every 24 months. Your last billed pelvic screening will be determined by Medicare</b>	<b>Covered service every 24 months. Your last billed screening pap test will be determined by Medicare.</b>	Routine labs are never a covered benefit for Medicare.	Not all charges are deemed medically necessary by Medicare guidelines *visit done by other provider
<b>Estimated Cost:</b>	<b>\$74.82</b>	<b>\$86.76</b>	\$10 urine screen \$60 hemoglobin \$26 glucose	*\$190.00

We expect Medicare may not pay for the items listed or checked in the box below.

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the checked items listed in the first box above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

**Options: Check only one box. We cannot choose a box for you.**

**OPTION 1.** I want the \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

**OPTION 2.** I want the \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

**OPTION 3.** I don't want the \_\_\_\_\_ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

**Additional Information:** This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

<b>Signature:</b> _____	<b>Date:</b> _____
-------------------------	--------------------



Joseph Gauta, MD, FACOG | Amanda Schultz, PA-C

Specialized Diagnostic, Treatment and Rehabilitative Care for Women with Incontinence, Pelvic & Bladder Disorders

1890 SW Health Parkway, Suite 205, Naples, FL 34109 | 239-449-7979 | fax 239-593-3356 | [www.FloridaBladderInstitute.com](http://www.FloridaBladderInstitute.com)

## MEDICARE QUESTIONNAIRE

### MEDICARE SCREENING SERVICES

Medicare does not cover preventative examination services. However, it does cover some of the screening services that are often provided during a preventative visit. The screening services are discussed below.

### COLLECTION OF SCREENING PAP SMEAR SPECIMEN

Medicare reimburses for collection of a screening Pap Smear every two years in most cases. A screening Pap Smear is performed in the absence of an illness, disease, or symptoms. This service is reported using HCPCS code Q0091.

### HIGH RISK FACTORS FOR CERVICAL CANCER

- Yes  No My onset of sexual activity was under 16 years of age.
- Yes  No I have had five or more sexual partners in my lifetime.
- Yes  No I have a history of sexually transmitted disease.  
(PID, Gonorrhea, Chlamydia, Syphilis, Herpes, Warts  
HPV, or HIV)
- Yes  No I have not had a pap smear within the last 7 years

Number \_\_\_\_\_ How many abnormal paps have you had in the last 7 years?  
( 5 or greater = High Risk)

### HIGH RISK FACTOR FOR VAGINAL CANCER

- Yes  No I am the daughter of a woman who took diethylstilbestrol(DES)  
during pregnancy.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date