



ATLANTA GYN ASSOCIATES, PC

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To our "Managed Care" patients:

Welcome to Atlanta GYN Associates. We want your experience with us to be a pleasant one. With all the changes in healthcare, we know it can sometimes be frustrating to keep up with all the restrictions and requirements. We hope the following will help clarify a few of these issues for you.

It is in your best interest to know exactly what services are provided by your insurance plan. We care for patients who represent many different company plans and each plan is slightly different in covered services. You may want to verify your wellness benefits. This seems to vary greatly between the different policies.

If you are going to be having a procedure or labs done in the office, we strongly recommend that you call your insurance company and verify your benefits for the procedure or labs. Often with procedures your deductible and co-pay will be required.

If it is necessary to refer you to another physician you will want to verify with them that they are indeed providers under your plan.

If you have a co-pay, coinsurance or deductible, payment will be required at the time of your visit. If your deductible has been met, please provide us with evidence of this. The remainder of your covered services will be submitted to your insurance company and our office will accept assignment. Please sign the "assignment of benefits" below to allow us to file your insurance claims. You will be responsible for any non-covered services, and if possible will be asked to pay for these at the time of your visit.

If your employer changes insurance plans, and we are not listed as participating providers, you may want to see if they have "out-of-network" benefits available. This would allow you to continue to receive your care from us. Out-of-network providers are typically covered at a slightly increased charge, co-pay, or deductible.

Our office requires proof of insurance at each visit and please don't forget to notify us of insurance, marriage, or address changes.

We want to thank you for choosing Atlanta GYN Associates for your gynecologic care. If you have any concerns or questions about your insurance, or any other matter, please let us know and we will be happy to assist you.

I hereby authorize Atlanta GYN Associates, P.C., to release to my insurance company, information acquired in the course of my examination or treatment. I hereby authorize benefits to be paid directly to Atlanta GYN Associates, P.C. I understand I am responsible for any unpaid balance.

X _____ Date: _____
Signature of Patient

We are currently participating with the following plans:

- BLUE CROSS/BLUE SHIELD OF GEORGIA
BEECHSTREET/CAPPCARE
FIRST HEALTH
CIGNA
GUARDIAN RESOURCES
HNA-Healthcare Network America
INTEGRATED HEALTH PLAN
KAISER
SOUTHCARE PPO

- UNITED HEALTH CARE-PPO
WELLSTAR
Galaxy Health PPO
One Health Plan PPO/POS
Humana PPO
Healthstar PPO/PHN
Preferred Plan of Georgia PPO
PHCS PPO/POS/EPO
Coventry HMO
1st Medical Network

ADULT ADOLESCENT PEDIATRIC GYNECOLOGY

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