



**ATLANTA GYN
ASSOCIATES, PC**

**CHERYL L. HECHT, M.D.
KRISTI M. MULCHAHEY, M.D.**

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 done in the office, we strongly recommend that you call your insurance company and verify your benefits for that procedure. 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 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. In the event of financial hardship, a three month payment plan is available.

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.

Please present your insurance card to our receptionist at each visit and 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

Signature of Patient

Date:

We are currently participating with the following plans:

BLUE CROSS/BLUE SHIELD OF GEORGIA

Blue Cross and Blue Shield PPO
Regular participating Blue Cross
State Merit administered through BCBS/Board of Regents/USG

BCE Emergis (ProAmerica)

BEECHSTREET/CAPPCARE

FIRST HEALTH

GUARDIAN RESOURCES

HNA-Healthcare Network America

IMPACT PREFERRED RATE PROGRAM (Sam's Club)

INTEGRATE HEALTH PLAN

KAISER Pediatric GYN only – must have referral from other Kaiser doctor

MEDICAID/PEACHCARE for children only **MUST** have GBHC referral

SOUTHCARE

Mutually Preferred (Mutual of Omaha)
John Alden
GEHA

UNITED HEALTHCARE

WELLSTAR

Coventry HMO
Galaxy Health PPO
Healthstar PPO/PHN
Humana PPO
One HealthPlan POS/PPO
PHCS PPO/EPO/POS
Preferred Plan of Georgia PPO * Multiplan
1st Medical Network (formerly MRN)

**ADULT
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