



Bluefield Women's Center

Dear Patient:

Due to conditions with the current insurance system, which are beyond our control, it is necessary for you to complete this form.

- I am currently enrolled with an HMO plan.
- My insurance plan is not an HMO.
- I understand that if I obtain services with Dr. Brodnik, (without a referral) and have HMO coverage, that I am responsible for charges and can be balance billed.
- I have a PCP insurance plan and require a referral before I can be seen for services, today.
- I do not have a PCP insurance plan
- My current plan includes routine preventative exam coverage. **___Yes ___No**
- I am unsure about the status of my plan, but request to be seen today, by Dr. Brodnik.

Please remember when answering these questions that we do not make the rules governing your insurance coverage, but we are bound to abide by the rules and regulations set by insurance carriers and their individual plans. If you need to reschedule your appointment so that you can investigate your plan coverage, regarding the requirements of your policy, please advise the receptionists and they will be glad to change your appointment.

Patient signature

Date

Lisa Perdue, Office Manager