

Hendersonville Obstetrics and Gynecology

Please select the type of visit you wish today:

(Please select One)

_____ WELLNESS VISIT

The Wellness Visit will include a pelvic and breast exam, a pap smear if appropriate, a routine health screening and refilling of yearly prescriptions. If you have had a Wellness Visit with your primary care provider during your wellness benefit time frame, you may be responsible for today's charges.

_____ PREGNANCY

_____ PROBLEM VISIT

You have specific concerns you want to discuss or have treated. This visit will be subject to your deductible and copay.

Please select your type of payment for today:

_____ Commercial insurance (Not TennCare) **(Copays are due at time of service)**

_____ TennCare (Amerigroup, UHC, Blue Care/Coverkids)

_____ Cost Savings Program i.e. Medi-Share

_____ Self-Pay

Signature

Date