

Patient first name	Patient last name	Date of birth	Gender
Address	Suite	City, State	Zip
Best phone #	Alternate phone	Employer phone	Employer address
SS#	Age	Marital status	
Responsible party	Relationship	DOB	SS#
Responsible party address	Suite	City, State	Zip
Responsible party phone	Emergency contact	Relationship	Emergency contact phone
Primary insurance	Insurance ID #	Group #	Employer
Insured name	Address	City, State	Zip
Insured SS#	Insured DOB	Employer	Employer phone
Secondary Insurance	Insurance ID #	Group #	Employer
Insured name	Address	City, State	Zip
Insured SS#	Insured DOB	Employer	Employer phone
For meaningful use purposes only, please indicate your ethnicity as follows:	Hispanic or Latino	Non Hispanic or Latino	Declined to specify
Best email address:	Permission to email you?		Yes No

**Financial responsibility and assignment of insurance benefits:** I guarantee payment of all charges made for or on account of the patient to Wellness Boutique, LLC. I understand that I am personally responsible for all charges not covered by insurance or other forms of benefits. I authorize payment of surgical and medical benefits, which would otherwise be payable to me, to Wellness Boutique, LLC, Dr. Michelle Quaye, MD for services rendered. I understand that Wellness Boutique, LLC can obtain my credit report for review in collection of this debt. In the event that this account is placed with a collection agency or attorney for collection, I shall pay all collection fees and costs, including any reasonable attorney's fees. I understand my obligation to provide any and all insurance plan information, and acknowledge that it is my responsibility to update this information as it changes. I have provided all necessary information for the processing of Medicare benefits, if applicable. If covered by Medicare or Medicaid, I certify that the information provided by me for payment under Titles V, XVIII, and XIX of the Social Security Act is correct.

**Consent to treat:** I voluntarily consent to healthcare treatment, and diagnostic procedures from the physician and staff at this facility. I consent to testing for infectious diseases such as HIV/AIDS, hepatitis and drug testing as deemed necessary by my physician.

I am aware that the practice of medicine is not an exact science. No guarantees have been made to me regarding the result of the examinations or treatments by my caregivers. I consent to the use of and disclosure of protected health information about me for treatment, payment, and healthcare operations. I have read this form, and I have had the opportunity to ask questions and my questions have been answered.

I have received a copy of the updated Wellness Boutique OB/GYN Practice Policies, the Privacy Form, Authorization for the Release of Medical Information, and Personal Representative. I am aware that the practice policies may be revised at any time, and I may request a revised copy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Date

**Authorization for the release of information:** The practice and physician are authorized to release any medical information required in the processing of applications or submission of information for financial coverage, discharge planning and further medical treatment, to disclose to my employer (if a work related concern) or to my insurance and/or any third party payer all medical information, test results and findings made during the course of this examination and/or treatment, to include information referring to psychiatric care, sexual assault or tests for infectious diseases including HIV/AIDS for services provided during this visit. I also agree to the release of medical information or other information about me to government, federal or state regulatory agencies to the extent required of the physician practice by law.

**Results of medical tests** You may use our patient portal or the patient portal of LabCorp in order to view and print your lab results. There is also a number to call for pap results. As a small, private and independent practitioner, we are unable to give results over the phone. If you have questions regarding your results, plan to schedule a follow up visit. Questions regarding medications and treatment involve medical decision making, and this is a billable service. Our clinical and office staff are not qualified to answer your medical questions. However, you may leave a confidential message with office staff, and you may also email us at the contact box on our website with questions. Usage of the contact box technology is not HIPAA compliant.

**It is your responsibility** to anticipate follow up visits as may be required and any associated expenses which may be incurred with respect to recommended follow up. As an example, an abnormal pap smear may require an indicated diagnostic procedure, labs, surgery and/or tissue pathology.

A screening visit may result in detection of a problem which may require further diagnostic procedures. Your failure to follow up as recommended or our inability to reach you at your contact number and address may result in you having a poor outcome, or a diagnostic delay.

**Rights** You have the right to refuse any recommended testing, and future follow up visits, or any recommended treatments. You have the right to receive a copy of your medical record, and get a second opinion. We also have a right to terminate the physician patient relationship if necessary.

**Responsibilities** You are agreeing to take responsibility for timely follow to any abnormal results or findings which require further diagnostic studies, in the form of, but not limited to colposcopy, tissue biopsy, lab evaluation or referral to a specialist facility, or further studies or procedures. Failure on your part to comply by being unavailable, unreachable by telephone, or by failure to follow up in a timely fashion may result in your termination from the practice. Wellness Boutique LLC, and Dr. Michelle Quaye, MD will be held harmless, in the case that you fail to uphold your part of the agreement by neglecting follow up for whatever reason.

**Patient education, marketing, and use of email**

We have an emphasis on health promotion, patient education and health optimization, and therefore from time to time may recommend products and services designed to enhance and enrich the patient experience. For this reason, we collect email from our patients, and engage in marketing these optional products and services. This may consist of advertising, surveys or questionnaires pertaining to women's health issues. It is understood that these products and services are optional.

Your email address is private. We do not share or sell your information with others, and your privacy is important to us. If you provide your email, you may receive invitations, offers or notifications from us of products, services, or promotions that we may offer through an affiliate organization, from which we receive commissions as an affiliate. As an independent practice, we only promote those products and services that we trust for our patient clients. You are under no obligation to participate by purchasing any goods and/or services, and your treatment in this clinic is not in any way contingent upon purchasing these goods and/or services. We recommended you to do your own research and due diligence with respect to any purchase.

In addition to being able to subscribe to our practice bulletins and newsletters, you may from time to time receive notifications of blog posts, online health products, as well as other products. Please notify us at any time if you receive any email or notifications from us, which you feel are unauthorized.

**I HAVE READ THE 3 PAGES ABOVE, AND UNDERSTAND AND AGREE WITH THE ABOVE POLICIES, AND GIVE MY PERMISSION AND CONSENT TO THE PRACTICE OF THE WELLNESS BOUTIQUE, LLC, AND DR. MICHELLE QUAYE, MD AND STAFF, BY MY SIGNATURE BELOW, EXCEPT AS NOTED HERE.**

Printed \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Personal representative:**

In addition to myself, I designate the following individual(s) as my personal representative and grant the Wellness Boutique, LLC, Dr. Michelle Quaye, MD and staff to disclose (written and verbal) my protected health information with the representative(s) listed below. This includes any information about appointments, etc. and office business. If I elect to change representative(s), at any time, a new written document must be completed.

<b>Name of representative</b>	<b>Nature of relationship to patient</b>	
<b>Name of representative</b>	<b>Nature of relationship to patient</b>	
<b>Patient name (please print)</b>	<b>Signature</b>	<b>Date</b>

Thank you for choosing the Wellness Boutique as a provider of health care services. This consent form explains some of our practice and financial policies. We ask that you read, sign and agree to our terms and conditions before your appointment.

**Viral infection precautions:** If you have a cough, sore throat, fever, a respiratory infection or viral illness which may be contagious, please **reschedule** your appointment for the safety of our staff and patient clients. If you are coughing or sneezing, you will be provided with a face mask.

**Payment and insurance benefits:** All patients must provide complete and accurate information, including all insurance plans, for medical billing before being seen by the doctor. All co-pays, and account balances, are due at the time of service. Payment is to be made in advance of services. We cannot bill you for your co-insurance. We accept cash, check, American Express, Visa and MasterCard. Services are pre-paid.

**Children:** We do not allow any children in the building. Please make other arrangements for childcare before your appointment. If you arrive with children your appointment will be considered missed, and a cancellation fee will apply. There are no exceptions. Please plan ahead.

**Food:** We do not allow food and beverages. Please discard all food and beverages before entering the building.

**Visitors:** With rare exceptions, visitors will be asked to sit in the waiting room. Your visit is considered to be individual and private. We make accommodations for our expectant mothers and fathers. Space in our consultation and exam rooms is limited. A health consultation is an individual visit. Visitors will please sit in the waiting room during interviews, vital signs, procedures. This is necessary to preserve patient confidentiality in the clinic.

**Loitering:** Please ask your visitors not to stand outside the building.

**Parking:** There is municipal parking adjacent to our building. There is no street parking in front of the building. Please, no stopping or standing.

**Restroom:** Our restroom is reserved for our patients clients. Patients who are scheduled for a pelvic exam will be asked to void beforehand and/or provide a urine specimen, if needed. If you are in doubt about what to do, use a cup in the rest room, and collect a urine. Mark your initials on the cup.

**Cell phones, and conversations:** Please silence all cell phones, ring tones, electronic games and end all phone conversations before entering, so that our staff can work efficiently in getting your medical history, in preparing you for your visit, and to be courteous to our other patient clients.

**Regarding insurance:** Our physician relationship is with you, not your insurance company. **We file insurance claims as a courtesy to patients**, but all charges for services rendered are your responsibility. Services we offer are not necessarily covered by your contract. It is important that you understand your coverage policy and requirements, including your co-pay, your out of pocket expenses, and your deductible. You will be balance billed for any charges not covered by your insurance policy. Some insurance plans see our specialty as primary care, and others see us as a specialist. If you are in doubt, please call your insurance provider. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, non-covered or denied services. It is the responsibility of the patient or guarantor, responsible party to pay any balance due. If you are not covered by insurance, payment will be expected at the time of service unless an agreement to pay has been made. If in doubt, please ask.

**It is your responsibility** to know whether your insurance is in force, and if we are considered in network. We are out of network with Tricare Prime, Aetna, Medcost. Ask your insurance if your policy pays out of network benefits. Keep in mind lab services as well, which may be out of network.

**Lateness:** We have a 15 minute grace period for late arrivals. After that, your appointment is considered missed, and you may be asked to reschedule. You may be worked in to the existing schedule at the discretion of the staff, as patients who arrive on time will continue to be seen in order. Due to the requirements of checking for insurance eligibility, our average wait time is at least 30 minutes. Our schedule is based on 15 minute intervals, and having patients checked in and ready to be seen by the doctor. We make every effort not to overbook. We appreciate your patience. Plan to arrive at least 15-30 minutes early if you have paperwork or changes in insurance. If you are not familiar with our location, we are on **Google maps**. Our office staff is **not allowed** to stay on the phone with you to provide turn by turn navigation. Please plan ahead, and give yourself extra time to find our location.

**Missed office appointments:** It is your responsibility to call us if you are unable to keep a scheduled appointment, at least 24-48 hours in advance. Your appointment is considered missed if we receive cancellation with **less than a 24 hour notice**. Missed appointments are subject to a \$25 fee for non-cancellation. This fee is not covered by your insurance and will be considered your responsibility. You may be asked to pre-pay a deposit in order to schedule. After more than one missed appointment, our staff will place your next appointment at the end of the day or have specific restrictions on when we are able to schedule you. After three missed appointments, you may be terminated from the practice at our discretion.

**Missed procedures:** High acuity visits, such as procedures, are subject to a non-cancellation charge of \$50. Surgery cancelled less than 5 business days from scheduled date, are subject to a non-cancellation fee of \$100. If you must cancel for some unforeseen reasons, please notify us.

**Medical records:** In a transfer of care, we have up to 30 days to release your medical records, with a signed HIPAA compliant release. Our usual policy is to fax released records within 7-10 business days. We handle a large volume of medical records for all types of purposes. Requests are ranked in the order they are received. A request for medical records must include your name, your original signature and date, the name of the recipient, their contact number, and fax number. Charges may apply for copying records.

**Returned checks:** Make checks payable to **Wellness Boutique, LLC**. For checks returned to us unpaid by your bank, we will charge a \$40 returned check fee. If your check is returned, you will be expected to provide another form of payment.

**Collections:** Any patient balance that is not resolved by this office's collection efforts, will be forwarded to a collections agency. A 30% fee will be attached to your outstanding balance and forwarded to the collection agency. Our collection agency will reserve the right to attach your account to any and all credit reporting agencies. I have read, and understand the above practice and financial policies of the Wellness Boutique, LLC.

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Signature

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Printed

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Date