



NEW PATIENT LETTER

Welcome to Utica Women's Specialists! We are delighted you have chosen our practice to provide your obstetric and gynecologic care. In order to familiarize you with how our office works, we are providing this information.

OUR PRACTITIONERS

Our practice has two physicians. Our physicians are Lynn E. Frame, M.D. and Daran L. Parham, M.D. They specialize in obstetrics, gynecology, and gynecologic surgery. Each of our doctors has dedicated their lives to providing compassionate and quality healthcare to women.

APPOINTMENTS

In order to serve you most effectively, we see patients by appointment only. Appointments can be scheduled by calling **918-749-1413**. If you find that you are unable to keep your appointment, we ask that you inform us at least 24 hours in advance so that we may make that time available for another patient. You may be subject to a \$25.00 fee should you fail to notify us in advance as stated above or "no show" your appointment time. We urge you to be on time for your appointment.

We recognize that your time is valuable and we make every effort to keep to our schedule. Unfortunately, the nature of our specialty is such that deliveries can occur and surgical emergencies may arise during office hours. If this should occur, we will use our best efforts to notify you in advance, reschedule your appointment, or arrange for you to see another physician in our office. We appreciate your patience and understanding.

TELEPHONE CALLS

Please call during our regular office hours (**M-Th 8:00-4:30, F 8:00-4:00**) with questions regarding your care, for prescription refills or lab results. For prescription refills, please have your pharmacy fax a refill authorization to our office at **918-748-7511**. Prescription refills will be completed within 24 hours of notification. Please know that our staff has been trained to answer your questions and will consult with your physician in this regard.

EMERGENCIES AND LABOR

If you think you are in labor, go to the labor and delivery unit of your delivering hospital. If you have an emergency during office hours, please call the office at **918-749-1413**. If your emergency is after hours, you must call our office number and our 24-hour answering service will contact the physician on call to return your call promptly. All after-hour situations of a true emergency will be handled accordingly to provide you the best of care. Our doctors at Utica Women's Specialists share weekend and night call coverage with Patricia Lodes, M.D. and Kenneth Wiemar, M.D.

We are here to answer any problems or concerns you have. Please do not hesitate to ask someone to help you understand any of the above policies.

I have read and understand the above stated office policies.

Signature: _____ Date: _____

Print Patient's Name _____ DOB: _____



Lynn E. Frame, M.D.
Daran L. Parham, M.D.

FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Our fees are reasonable and customary in accordance with other specialists' offices in this area. In case of financial hardship, please make financial arrangements with the Collections Representative prior to being seen. The following is intended to provide a clear understanding of our Financial Policy and your financial responsibility:

PAYMENTS: We accept cash, debit cards, Visa, Mastercard and personal checks with a photo ID. Your co-pay, deductible, or co-insurance will be collected prior to services being rendered.

INSURANCE: Remember, your insurance is a contract between you and your insurance company. Utica Women's Specialists is pleased to directly bill your insurance for services rendered, but it is our policy that the patient is ultimately responsible for payment for services received from Utica Women's Specialists. The physicians at Utica Women's Specialists are not responsible for your deductibles, co-payments, co-insurance, percentages, non-covered services or services rendered without proper referral authorization, or denied services.

Please remember: **YOU MUST HAVE A CURRENT COPY OF YOUR INSURANCE CARD WITH YOU AT THE TIME OF SERVICE.** If you do not, we may ask you to pay for the services rendered or we will reschedule your appointment.

You may get better benefits with a referral from your Primary Care Physician. Please check your benefits packet to see if this is an option. If you have an HMO plan, please check your benefits packet to see if a prior authorization will be required for your visit.

A current list of insurance companies with whom Utica Women's Specialists are contracted can be found on our website at www.uticaobgyn.com. If your doctor is not contracted with your insurance company, please be prepared to pay for your services at the time of your visit. We will provide you a copy of your bill to file with your insurance company for reimbursement, or we can directly bill your claim as a courtesy.

We will not change diagnosis codes in order to get your claim paid unless it is documented in the chart by your doctor, as this action is illegal. If your insurance does not cover certain procedures or office visits, this dispute remains between you and your insurance company.

INSURANCE DEADLINES: Many insurance companies have timely filing deadlines. It is your responsibility to inform us of any insurance changes. If we are not provided with accurate information at the time of service, you may be responsible for payment in full for all services rendered.

OUT-OF-NETWORK: It is your responsibility to know if our physician is a valid provider with your insurance company. We try to verify every patient's insurance benefits before they are seen by the doctor. If you are out of network and still want to be seen by the physician, please be advised that you will be responsible, at the time of the visit, for the full amount that your insurance does not pay.

CO-PAYMENTS: All co-payments are expected at time of service and will be asked for prior to seeing the physician. Patients may be rescheduled if the co-payment is not made.

UNDERAGE PATIENT RESPONSIBILITY: We hold the patient financially responsible unless the patient is underage. The parent or legal guardian who accompanies the underage child is responsible for the bill.

APPOINTMENT POLICY: Your scheduled appointment time is reserved just for you. We try not to overbook appointment times, in order to provide excellent care and guarantee sufficient time to adequately treat you.

In an effort to ensure that all of our patients can be seen in a timely manner, we ask you to arrive *on time* for your appointment. If you are unable to make your scheduled appointment, we ask you to provide our office advanced notice of at least two business days. Patients who do not call within 24 hours of their scheduled appointment to cancel or who do not show up for their scheduled appointment may be charged a \$25.00 administrative fee. If a charge is incurred, we will not be able to reschedule an appointment for you until the balance is cleared.

NO-SHOW POLICY: It is the policy of Utica Women's Specialists to charge a fee for two or more missed APPOINTMENTS during a three month period, unless our office has been given at least 24 hours notice prior to the cancellation. Additionally, patients may be subject to dismissal.

FMLA, WIC OR OTHER FORMS: There may be an administrative fee for completion of any FMLA, WIC, disability or return to work forms. Please allow our office a minimum of 48 hours to process your request.

RETURNED CHECK POLICY: In the unlikely event that your check is returned for insufficient or held funds, *Cybercollect* will debit your checking account electronically for the face amount of the check PLUS a \$40.00 fee. If *Cybercollect* is unable to resolve this debt, your account will be turned immediately to a collection agency of our choice.

COLLECTION AGENCY: Outstanding balances are due within 30 days of the statement. Balances that reach 90 days past due, may be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees our office incurs through the process utilized to collect the delinquent balance. **Please remember, your account can legally be turned to a collection agency the day it is due. We want to avoid this and are willing to make arrangements with you.**

TRANSFER OF RECORDS: You will need to request, in writing, the transfer of your records and you may be required to pay a reasonable copying fee (\$1.00 for the first page and .50 cents per page thereafter, plus postage, if mailed) to have copies of your records sent to another doctor or organization. You may find the appropriate form on our website at www.uticaobgyn.com under "Patient Center."

I have read and agree to the above policy. I hereby authorize treatment of the patient named below and agree to pay all fees and charges for such treatment. Charges shown on statements are considered to be correct unless notification is received, in writing, within 30 days of statement date. I agree to pay all charges within 30 days of statement date, unless other arrangements have been made prior to any treatment. I agree to assign my insurance benefits to Utica Women's Specialists and the physicians therein, if applicable.

Printed Patient Name _____ Signature _____

Date _____ Responsible Party Name (if different than patient) _____



Lynn E. Frame, M.D.
Daran L. Parham, M.D.

PATIENT REGISTRATION FORM

PATIENT INFORMATION (PLEASE PRINT)

Patient's Name: Last _____ First _____ Middle _____
 Nickname _____ Marital Status: Married Single Divorced Widowed
 Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Age _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Mailing Address _____
 (if different than street address)
 E-Mail Address _____
 Cell Phone (____) _____ Home Phone (____) _____
 Employment Status Employed Student Self-Employed Retired Other
 Employer _____ Occupation _____
 Work Phone (____) _____
 Spouse Name: Last _____ First _____
 Spouse's Employer _____ Spouse's Date of Birth ____/____/____
 Emergency Contact Name (other than spouse) _____
 Patient's Relationship to Emergency Contact _____
 Cell Phone (____) _____ Home Phone (____) _____

RESPONSIBLE PARTY INFORMATION (if other than self)

Responsible Party Name: Last _____ First _____
 Social Security Number _____ - _____ - _____ Date of Birth ____/____/____
 Street Address _____
 City _____ State _____ Zip Code _____
 Cell Phone (____) _____ Home Phone (____) _____
 Employment Status Employed Student Self-Employed Retired Other
 Employer _____ Occupation _____
 Patient Relationship to Responsible Party _____

INSURANCE INFORMATION - Must provide your insurance card to the front desk at check-in.

Primary Insurance _____ Secondary Insurance _____
 If insurance is not under patient's name, please provide the following information about the subscriber:
 Name _____ Relationship _____
 Date of Birth ____/____/____ Social Security Number _____ - _____ - _____

PRIMARY CARE PHYSICIAN or REFERRING PHYSICIAN

Phone (____) _____

It is the responsibility of the **patient to know what physicians, hospitals, laboratories and pharmacies are in network with her current insurance provider. Please check with your insurance company prior to seeing any health care provider. Additionally, Utica Women's Specialists, LLC will not be responsible for determining your insurance benefits for office visits.*

I agree that the information provided on this form is accurate to the best of my knowledge. I hereby authorize Utica Women's Specialists, LLC to furnish information to my insurance carrier(s) concerning my illness and treatment, and thereby assign to the physician(s) all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any unpaid balance, regardless of insurance coverage.

Date Signature of Patient or Guardian

GYNECOLOGIC HISTORY

What form of birth control do you use?

<input type="checkbox"/> Birth Control Pills (Name) _____	(Number of Mos/Yrs) _____
<input type="checkbox"/> IUD (Type/Insert Date) _____	<input type="checkbox"/> Rhythm/Natural Family Planning
<input type="checkbox"/> Condoms/Foam/Suppositories	<input type="checkbox"/> Tubal Ligation
<input type="checkbox"/> Menopause	<input type="checkbox"/> Vasectomy
<input type="checkbox"/> Not sexually active	<input type="checkbox"/> Hysterectomy
	<input type="checkbox"/> Other _____

Date last period began: ____/____/____ Age your period began: _____

How often does your period come? Not Applicable 21-30 days apart Greater than 40 days
 Less than 20 days 30-40 days apart

How many days do you normally flow? Less than 2 2-7 days 7-10 More than 10

Type of flow? Light Medium Heavy
Menstrual cramps? None Mild Moderate Severe

If yes, what do you take? _____ Dosage? _____

Do you require additional overnight protection? Yes No
Do you stay in bed during your periods? Yes No
Do you bleed or spot between periods? Yes No
Do you bleed or spot after intercourse? Yes No

Have you reached Menopause? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age of onset: _____
Do you have hot flashes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Night sweats? <input type="checkbox"/> Yes <input type="checkbox"/> No
Trouble sleeping? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vaginal dryness/painful intercourse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever taken hormone therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication taken _____	Duration of treatment _____
Reason for discontinuing therapy? _____	

Do you do monthly self breast examinations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last mammogram? ____/____/____ <input type="checkbox"/> Never
Any significant changes noticed in breasts? _____
Do you have: <input type="checkbox"/> Breast lumps <input type="checkbox"/> Nipple discharge <input type="checkbox"/> Breast tenderness <input type="checkbox"/> Fibrocystic changes

Do you have pain during or after intercourse? Yes No
Do you have any concerns with sexual function? _____

Do you have concerns with PMS? Yes No
Please describe: _____

