



# MICHIGAN WOMEN'S HEALTH

A Division of Michigan Healthcare Professionals  
[WWW.MICHIGANWOMENSOBGCYN.COM](http://WWW.MICHIGANWOMENSOBGCYN.COM)

## FARMINGTON HILLS OFFICE

28555 Orchard Lake Road, Suite 120  
Farmington Hills, MI 48334  
248.489.1070

## CLAWSON OFFICE

909 West Maple, Suite 110  
Clawson, MI 48017  
248.288.1237

H. Banooni, M.D.  
N. Brickman, M.D.  
D. Charfoos, M.D.

A. Eisenberg, M.D.  
S. Hakim, M.D.  
R. Horowitz, M.D.

C. Klaska, M.D.  
H. Leach, M.D.  
K. Jelinek, D.O.

E. Zekman, D.O.  
S. Breining, N.P.  
E. Strang, N.P.

Dear Patient:

Due to the recent changes we are unable to control, we feel it necessary to inform you of our billing procedures for your visit today.

If you are here today for your annual pap smear, also known as a Well Woman Exam, we must bill your visit to your Insurance Company as an annual exam. The appointment that you are here for today is for a Well Woman Preventative health care gynecological exam and has not been scheduled for a new or recurrent medical problem.

If your primary reason for your visit today is to have your contraceptive refilled or your hormone replacement therapy refilled, this is also considered part of the Well Woman Exam or Preventative Health Care and will not be billed with a different diagnosis.

While we realize that you may have other concerns to discuss with your doctor at the time of your Well Woman Exam such as irregular menses, infection, premenstrual syndrome, etc., they do not qualify for a different diagnosis.

If your visit has been scheduled for a reason other than your Well Woman Exam, and the focus of your visit is something other than Preventative Health Care, we will bill your visit to your Insurance Company with the appropriate diagnosis as documented by your physician. Our billing department will bill only what the physician has requested and cannot change a diagnosis code per patient request.

While our physicians recommend an annual pap smear and Well Woman Exam, we cannot guarantee that your insurance will cover the cost of this visit. It is your responsibility to know your individual coverage and pay for any copays, deductibles, or other services not covered by your insurance.

If you have any questions, please feel free to discuss them with your physician or our billing department.

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I have read the above and confirm that I understand the billing policies of this office in regards to my Well Woman Exam.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_