



## **Women's Health For Life, Inc.**

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770 West High Street, Suite 400  
Lima, OH 45801

Thank you for selecting Women's Health for Life, Inc. to provide your OB/GYN care.

To make your first appointment run smoothly, please complete the enclosed information and bring it with you to your appointment. Any transferred records we receive from a previous physician are always kept confidential and will not be disclosed without your written permission.

HIPAA: If the patient is a minor, for any results to be released to the patient's parents, the patient must sign an authorization to release information form.

Our office hours are Monday thru Friday from 7:30-11AM and 12-4:30PM, except on Wednesday, when we have lunch from 12-1PM.

ALL prescriptions and authorizations for renewals must be requested during normal office hours. Normal test results will be mailed to you unless you have a return appointment. Any abnormal results will be called to you.

### **PATIENT RESPONSIBILITIES:**

1. If you are unable to keep your appointment, you must notify this office at least 24 hours in advance.
2. If you are fifteen minutes late, your appointment WILL be rescheduled.
3. Please notify our office immediately of any changes in your insurance, address or phone number.
4. If we are providers for your insurance, you will be asked to pay your deductible or co-pay at the time of service. If you are self-pay you will need to pay for your visit in full.
5. We NOW ACCEPT CASH, CHECK, DEBIT AND CREDIT CARDS!
6. You are responsible to know how your insurance plan works.
7. You are responsible to tell the nursing staff if your insurance requires you to use a certain lab (ex: pap specimen, cultures, labs, etc.)

### **FEES NOT COVERED BY INSURANCE:**

1. Third occurrence of not presenting for a scheduled appointment-\$28
2. Prescriptions rewritten - \$11
3. Disability, FMLA forms - \$6 per form
4. Non-sufficient funds returned check fee - \$33

### **PLEASE BRING THE FOLLOWING TO YOUR APPOINTMENT:**

1. The forms included with this letter
2. Photo of yourself (this photo will be returned)
3. Your insurance card
4. Any questions for the practitioner

We are glad you have chosen us to provide your care. The mission of our medical practice is to provide women with the best of care. We treat all patients with courtesy and respect and we expect our patients to return that courtesy to our personnel.