

Consent for Well Woman Exam Testing

What is **NOT** included with your preventive/routine care are services or additional testing to evaluate gynecological problems. You may be responsible for additional charges/payments due on the date of service or billed to you after your claim has been processed with your insurance. Services **NOT** covered as routine services include, but are **not limited to**:

- Abnormal bleeding
- Bladder Leakage (Urinary Incontinence)
- Breast Pain
- Fatigue
- Hormone Consults / Problems
- Pain with urination
- Pelvic pain
- Sexual Dysfunction (Low libido / No or low sex drive)
- Urine pregnancy tests
- Vaginal/Vulvar infections
- Weight concerns

Due to time constraints as well as coverage limitations if you are using health insurance, your provider will only be able to address either your problem at the time of service or your preventive / routine exam, and you will need to schedule another appointment for whichever service your provider advises you to return for.

I, _____, understand that the tests listed below are typically covered as part of preventative care, but that coverage may vary based on my insurance plan coverage.

As your Gynecologist, we take pride in providing you with the best possible care. Therefore, it's important that you understand what your annual gynecological exam consists of:

- Breast Exam (not the same as a mammogram)
- Pelvic Exam
- Pap Smear
- HPV Testing* (for patients ages 30 and over)
- STD Cultures (Upon request and/or when sexually active to age 26, including but not limited to Gonorrhea and Chlamydia)

----- PLEASE READ! -----

HPV testing may not be covered yearly by your insurance company.

Medical insurance coverage is not the same for all patients because there are so many different plans designed for individuals or companies. Because of this, we follow the guidelines of the American College of Obstetricians and Gynecologists (ACOG) which states that individuals ages 21 – 65 who **have not** had a history of abnormal pap smears nor have they tested positive for a strain of the HPV virus are recommended to be tested every 3 – 5 years. These guidelines **do not apply** to individuals who **have had** a history of abnormal pap smears or **have tested positive** for a strain of the HPV virus.

What is the purpose of the HPV test and why is it performed?

The HPV test is a screening test for cervical cancer, but the test doesn't tell you whether you have cancer. Instead, the test detects the presence of HPV, the virus that causes cervical cancer, in your system. Certain types of HPV — including types 16 and 18 — increase your cervical cancer risk.

Knowing whether you have a type of HPV that puts you at high risk of cervical cancer means that you and your doctor can better decide on the next steps in your health care. Those steps might include follow-up monitoring, further testing, or treatment of abnormal cells.

Routine use of the HPV test under age 30 isn't recommended, nor is it very helpful. HPV spreads through sexual contact and is very common in young people — frequently, the test results will be positive. However, HPV infections often clear on their own within a year or two.

Your healthcare provider will counsel you on any testing they recommend and will not run any tests without your consent.

I also understand that *Grace Gynecology & Wellness* is **NOT** responsible for any bills that I may receive from a laboratory or imaging center that any testing is ordered from because they are separate entities and are not in any way affiliated with *Grace Gynecology & Wellness*. I understand that it's my responsibility to contact my insurance company or the laboratory/imaging center to discuss any bill I have received from them, and that *Grace Gynecology & Wellness* is **NOT** responsible, **nor will they adjust any bill received from the laboratory/imaging center.**



-- If you have any questions or concerns regarding this form, please speak with your healthcare provider in the patient room. --

Patient's Name (Print): _____

Date of Birth: _____

Patient's Signature: _____

Date: _____