



HIBISCUS

WOMEN'S CENTER

Initial Comprehensive Prenatal Visit

Appointment Date: _____ Time: _____

Physician/Certified Nurse Midwife: _____

Congratulations! We look forward to seeing you for your first prenatal visit in the near future.

It is imperative that you complete all the forms required prior to your appointment.

Please register in our Patient Portal through our website www.hibiscuswc.com.

If you complete all forms requested, please arrive 30 minutes prior to your appointment time to allow the nurse to process your paperwork before seeing the provider.

If, for any reason, you are unable to complete the forms prior to your arrival, you will need to come one (1) hour before our appointment time so you can fill them out in the office. Incomplete paperwork may result in the rescheduling of your appointment.

Your initial obstetrical visit is very comprehensive and a blood draw for lab work is usually performed at this appointment. An ultrasound exam is not typically done as part of this visit. Please be prepared for your appointment to be around last between 60 and 90 minutes.

Due to the length of this appointment, if you are unable to keep this appointment you must call the office at least 24 hours before. If you do not show or cancel the same day, a cancellation fee may be assessed.

Your insurance benefits will be verified and your financial responsibilities will be explained to you prior to the day of your visit. Any payments required will be expected at the time of visit. Please contact our billing office at 724-2229 ext. 253 if you have any financial questions.

Thank you for choosing our practice for your prenatal care.



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Patient's Last Name		First Name	Middle Initial	Race	Ethnicity	Marital Status
Social Security #	DOB	AGE	Cell phone # (if applicable) (ok to leave message Yes/No)		Home phone # (ok to leave message Yes/No)	
Mailing address		City, State, Zip			E-mail address	
Patient's Employer	Occupation	Employer's address			Work phone # (ok to leave message Yes/No)	
Spouse's/Parent's Name		DOB	Social Security #			
Spouse's/Parent's Employer	Occupation	Employer's address		Phone #		
In case of Emergency Contact (other than spouse)		Relationship		Phone #		
Primary Care Physician	Phone #	Referring Physician		Living Will? Yes / No	How did you hear about us? YP, Radio, Internet, Website, Newspaper, Friend or Family	

Primary Insurance	Name of Policyholder	ID Number	Group#
Insurance address for claims		City, State, Zip	
Policyholders Employer	Policyholders SSN	Policyholders DOB	Policyholders Gender M or F
Secondary Insurance	Name of Policyholder	ID Number	Group #
Insurance address for claims		City, State, Zip	
Policyholders Employer	Policyholders SSN	Policyholders DOB	Policyholders Gender M or F

I agree that all charges that are not directly paid by the insurance company will be my financial responsibility. I authorize the payment of benefits, as directed by the company, directly to Hibiscus Women's Center. I authorize the release of any information necessary to process this claim. I also request payment of Government Benefits to myself or to the party who accepts assignment.

Signature of Patient or Legal Representative (Relationship) Date



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CONSENT TO TREAT, INSURANCE ASSIGNMENTS, FINANCIAL AGREEMENT

CONSENT TO MEDICAL AND SURGICAL TREATMENT OR PROCEDURES: The undersigned consents to the medical and surgical care and treatment as may be deemed necessary or advisable in the judgment of my physician or other provider. Which may include but are not limited to laboratory procedures, x-ray examination, medical or surgical treatment or procedures, anesthesia, or other services rendered the patient under the general and special instructions of the patient's physician.

ASSIGNMENT OF INSURANCE BENEFITS AND AUTHORIZATIONS TO RELEASE INFORMATION: In consideration of services rendered, I hereby transfer and assign to Hibiscus Women's Center all rights, title and interest in any payment due to me for services rendered. The office may disclose all or any part of the patient's records and or part of the office's charge, including but not limited to medical service companies, insurance companies.

FINANCIAL AGREEMENT: The undersigned agrees, whether he/she signs as agent or as patient that in consideration of the services to be rendered to the patient, he/she obligates himself/herself to pay the account in accordance with the regular rates and the Financial Policy of the office. This Financial Policy has been provided to me. Should the account be referred to an attorney for collections, the undersigned should pay reasonable attorney's fees and collection expense.

I understand that certain insurance claims maybe filed as a COURTESY. However, if the claim is denied for any reason, I am responsible for payment. Please remember that insurance is considered a method of reimbursing the physician for services rendered to the patient. Some companies pay fixed allowances for certain procedures, and others pay percentage of the charge, I understand it is my responsibility to pay and DEDUCTIBLE AMOUNT, CO-INSURANCE, OR ANY OTHER BALANCE NOT PAID FOR BY MY INSURANCE OR THIRD PAYOR WITH A REASONABLE PERIOD OF TIME NOT TO EXCEED 60 DAYS.

_____/_____/_____
SIGNATURE OF PATIENT OR LEGAL GUARDIAN RELATIONSHIP DATE

.....



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CONSENTS

Patient Record Sharing: _____ YES _____ NO

Patient Record Sharing allows us to share and receive your medical records with your providers at connected care locations.

When "YES" is selected, we will automatically exchange your medical records with providers who care for you.

FL SHOT CONSENT: _____ YES _____ NO

Florida SHOTS is a statewide immunization registry developed by the Florida Department of Health (DOH). Florida SHOTS is designed to access and utilize a statewide immunization database. The registry is part of DOH's initiative to increase vaccination coverage for children across Florida.

Medication History Authority: _____ YES _____ NO

Indicate whether the patient has granted the authority to download the patient's medication history automatically from pharmacy benefit managers.

Patient Signature: _____

Date: _____



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Medical Information Release Form (HIPAA Release Form)

Name: _____ Date of Birth: ____/____/____

Release of Information

I authorize Hibiscus Women's Center to disclose my health information, including the diagnosis, treatment and claims information.

This information may be released to:

Spouse _____

Child(ren) _____

Other _____

Information is not to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

I authorize Hibiscus Women's Center to disclose my health information by phone.

Please call my home _____ my work _____

my cell Number: _____ Text messaging: Yes or No

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

Signed: _____ Date: ____/____/____

Hibiscus Women's Center

Acknowledgement of Receipt of Notice of Privacy Practices

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment
- a means of communication among the many health professionals who contribute to my care
- a source of information for applying my diagnosis and surgical information to my bill
- a means by which a third-party payer can verify that services billed were actually provided
- and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I have been provided with a **Notice of Privacy Practices** that gives a more complete description of information uses and disclosures as well as a description of my privacy rights. I understand that I can review the notice prior to signing this acknowledgement. I understand that the organization reserves the right to change their notice and practices and will provide me a copy of any revised notice.

Patient Name: _____
Print

Signature of Patient or Legal Representative

Witness

Date

Privacy Notice Date:01/01/2019

Hibiscus Women's Center II LLC

NOTICE OF MEDICAID NON-PROVIDER STATUS

HIBISCUS WOMEN'S CENTER II LLC PROVIDERS ARE NOT MEDICAID PROVIDERS! (Please see Exceptions below)

What Does This Mean to You?

We do not accept any form of Medicaid.

We will not file any claims with Medicaid.

You are financially responsible to pay all charges for services provided to you by HWCtr II LLC.

Note: At no point in your care (except for the Exceptions noted below), will we accept Medicaid. If you become eligible for Medicaid during a course of treatment with us (for example, OB Care), we will not accept Medicaid or file any claims with Medicaid. (Please see Exceptions below.)

Medicaid Coverage includes:

Medicaid State Plans provided by all US States & Territories, and all Managed Medicaid (MMA) Plans provided in all US States & Territories.

Exceptions

If you have Medicare coverage as your primary coverage:

The Center for Medicare & Medicaid requires all providers to file secondary Medicaid Claims for patients who have Medicare Insurance as their primary coverage.

Emergency: If a Medicaid covered individual presents to a hospital emergency room and is determined to have an emergency medical condition, and the patient is provided emergency service by a HWCtr II LLC provider, we are responsible to file claims with Medicaid for all emergency services and follow-up services required due to the emergency.

Patient Acknowledgement

I understand and acknowledge that the Providers of Hibiscus Women's Center are not Medicaid Providers and that I am financially responsible for all charges for services provided to me by HWCtr II LLC which are not covered by the above Exceptions.

Patient Name: _____

Patient Signature or Signature of Parent or Guardian

Date

HIBISCUS WOMEN'S CENTER II LLC

330 East Hibiscus Blvd

Melbourne, FL 32901

321-724-2229

Fax 321-728-6681

Photo, Video, Interview & Testimonial

Patient Authorization for Use & Disclosure of Protected Health Information for Practice Marketing

Authorization:

By my signature below, I affirm as a patient of Hibiscus Women's Center II LLC (the "Practice"), and/or as the parent or legal guardian of a minor child that is a patient of the Practice, that I authorize the Practice including its representatives and employees to post photographs, videos, and testimonials provided by me or taken by a Practice representative or employee on Practice related social media and websites, print publications, television, and on bulletin boards at the Practice.

I understand that the explicit purpose of this authorization is to permit the information to include images to be used for Practice advertising and marketing.

_____ : I consent to the use of the above noted information for Practice advertising & marketing activities.

_____ : I do not consent to the use of my information for Practice advertising & marketing activities.

Expiration and Revocability:

If Patient is signing on her own behalf, this authorization expires when the Patient informs the Practice that she is not longer a patient of the Practice or when the Practice terminates the Provider Patient Relationship. If Patient is signing on behalf of a minor child, this authorization expires when the Child reaches the age of majority, but the authorization remains valid for protected health information already used or disclosed until revoked by the Child who has attained majority. I understand that protected health information already used or disclosed prior to any revocation may no longer be protected.

I understand that I may revoke this authorization at any time by notifying the Practice in writing but that revocation will only affect uses and disclosures initiated after the date such written notice is received by the Practice. Upon receipt of the notice of revocation, the Practice will remove photographs from bulletin boards at the Practice's office. The Practice will make reasonable efforts to remove protected health information from websites and social media platforms over which it has control, but cannot guarantee removal from all sites. I understand that the Internet allows for wide sharing and forwarding of information and that the Practice cannot control all re-disclosure of information.

No Affect on Treatment:

This authorization is voluntary. I understand that the Practice cannot condition treatment of the Patient on whether I sign this Authorization, and that my decision not to sign will not influence or affect the Patient's treatment in any way.

Patient Name: _____

Signature of Patient and/or Parent/Legal Guardian: _____

Date of Signature: _____

Genetic Risk Questionnaire

	Yes	No	Comments
Will you be 35 or older on the expected date of delivery?			
Are you of Italian, Greek, Mediterranean, or Asian background?			
History of spina bifida or anenephaly in self or family?			
Congenital heart defect in self of immediate family?			
Down Syndrome in immediate family?			
Are you Jewish, Cajun, or French Canadian?			
Family history of Canavan Disease?			
If African American, do you have Sickle Cell Trait or disease?			
If African American,, have you been tested for the above?			
Family or personal history of hemophilia or other blood disease			
Muscular Dystrophy in family.? If yes, what type?			
Cystic Fibrosis in self or family?			
Huntington's Chorea in self or family?			
Family history of mental retardation or autism?			
Family history of menopause before age 40?			
If yes to above 2 questions, was person tested for Fragil X?			
Other inherited genetic or chromosomal disorders?			
Do you have any metabolic problems like diabetes? PKU?			
Has self or partner ever had a child with birth defects not listed?			
Recurrent pregnancy loss or stillbirth?			
Do you use alcohol, drugs or supplements?			
If yes, please list agents, strengths and amounts.			
Any other genetic history?			
Do you live with someone with TB or exposed to TB?			
Have you or partner had genital herpes?			
History of gonorrhea, chlamydia, HPV or syphilis?			
History of hepatitis B, C or HIV?			
Other infection history?			
Other			

Gynecological History:

HPV vaccine YES/ NO

Notes _____

Sexually Active YES/NO

Notes _____

Sexual Problems YES/NO

Notes _____

History of STDs YES/NO

Notes _____

Age at first child _____

Notes _____

Most recent mammogram

Date: _____ Result: _____

History of Abnormal Pap YES/NO

IF YES Date: _____

Date of last menstrual cycle:

Date: _____ Definite YES/NO

Menses flow

Heavy/ Moderate/ Light

Duration of Flow

Days: _____

Menses monthly

YES/NO

Age of first period

Age at menopause

Date of last colonoscopy:

Hormone replacement therapy YES/NO

IF YES WHAT TYPE: _____

Most recent bone density

Date: _____ Result: _____

History of Colposcopy:

YES/NO

Last Pelvic Ultrasound

Date: _____ Facility: _____

BRCA TESTING:

YES/ NO DATE: _____

Current birth control YES/ NO

Method: _____

Desired birth control method:

Sexual Orientation:

Heterosexual Homosexual Bisexual Pansexual

Any History of: (Circle)

Ovary problems / Fibroids / Infertility / Other gyn issues (notes below)

Please explain: _____

PLEASE LIST ALL SURGERIES WITH APPROXIMATE DATES:

PAST MEDICAL HISTORY- PLEASE CIRCLE IF YOU ARE AFFECTED BY ANY OF THE FOLLOWING:

ABUSE/ DOMESTIC VIOLENCE	GESTATIONAL DIABETES
ACID REFLUX	HEADACHES
ACNE	HEART PROBLEMS
ALLERGIES (FOOD, SEASONAL, ENVIRONMENTAL)	HEMATOLOGIC DISORDERS
ANEMIA	HEPATITIS/ LIVER DISEASE
ANESTHESIA COMPLICATIONS	HIGH CHOLESTEROL
ANXIETY DISORDER	HISTORY OF CHICKEN POX OR VACCINE
IVF (ART)	HYPERTENSION
ARTHRITIS	INFERTILITY
AUTOIMMUNE DISEASE	KIDNEY DISEASE
BIRTH DEFECTS OR INHERITED DISEASE	KIDNEY/ BLADDER PROBLEMS
BLOOD TRANSFUSION	LUNG DISEASE
BREAST CANCER	NEUROLOGIC/ EPILEPSY
BREAST PROBLEM	ORTHOPEDIC PROBLEMS
CANCER	OSTEOPOROSIS
DEEP VEIN THROMBOSIS	OVARIAN CANCER
DEPRESSION/ POSTPARTUM DEPRESSION	POLYCYSTIC OVARY SYNDROME
DERMATOLOGIC DISORDERS	POLYPS
DIABETES	PRE-ECLAMPSIA
DRUGS/ LATEX ALLERGIES	PSYCHIATRIC ILLNESS
EATING DISORDER	PULMONARY (TB, ASTHMA)
ECZEMA	STROKE
ENDOMETRIOSIS	THROMBOPHILIAS
FIBROMYALGIA	THYROID PROBLEMS
GI PROBLEMS	TRAUMA/ VIOLENCE
	VARICOSITIES
	INFECTIOUS DISEASE

FAMILY HISTORY

DO YOU HAVE ANY PERSONAL OR FAMILY HISTORY OF BREAST/ UTERINE/ OVARIAN/ CERVICAL CANCER?

DO YOU HAVE ANY PERSONAL OR FAMILY HISTORY OF ANY OTHER TYPES OF CANCERS?

If yes please list affected member, age of diagnosis, age of decease (if applicable) and type of cancer:

ARE YOUR FIRST DEGREE RELATIVES AFFECTED WITH ANY MAJOR MEDICAL CONDITIONS: YES/NO

IF YES, PLEASE LIST ANY MAJOR MEDICAL PROBLEMS IN THE FOLLOWING FAMILY MEMBERS:

MOTHER _____

FATHER _____

SISTER _____

BROTHER _____

PLEASE LIST ALL CURRENT MEDICATIONS WITH DOSAGES:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

PLEASE LIST ALL PAST PREGNANCY INFORMATION

DATE	WKS	# FETUSES	ANESTHESIA	WEIGHT	M/F	TYPE OF DELIVERY (Vaginal or C/s)
_____	_____	_____	Y/N	_____	_____	_____
_____	_____	_____	Y/N	_____	_____	_____
_____	_____	_____	Y/N	_____	_____	_____
_____	_____	_____	Y/N	_____	_____	_____
_____	_____	_____	Y/N	_____	_____	_____

Please describe any pregnancy related complication/ concerns that you have or would like to discuss with your provider?



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INFORMED CONSENT OF PREGNANCY

1. The obstetricians and certified nurse midwives of Hibiscus Women's Center, welcome you to our practice. We consider this to be a very enjoyable specialty because our patients are generally healthy women eagerly awaiting the arrival of their babies. We believe that good communication and an environment of mutual respect and cooperation help ensure a healthy mother and baby.
2. As you may be aware, there has been a rise in malpractice claims against caregivers, some valid and some frivolous. This increase in lawsuits has resulted in a huge increase in malpractice insurance rates for all obstetricians. Because of often impossibly high malpractice insurance rates, some obstetricians have stopped delivering babies. The climate of medical malpractice today demands that the patient be as informed as possible of potential, but unlikely, problems that may occur as a result pregnancy. Pregnancy is a normal process for women, but there is always the possibility of complications. These infrequent problems may happen with or without warning, often despite our best efforts to prevent them. We want to educate you and your partner about these possibilities so that you may be more prepared in the very unlikely event that you develop such a problem.
3. The **patient's lifestyle** is an important part of her health, pregnant or not. Obesity, smoking, poor eating habits, drug use, and not getting enough exercise may cause complications in both the mother and her developing child. The patient is responsible for her lifestyle choices. About 3% to 4% of all babies are born with birth defects. Smoking, medications, street drugs, over the counter medicines, alcohol, viruses and fevers, complications of other medical conditions such as diabetes, and problems passed on in families are some of the causes of these. Often there is no identifiable reason. Stillbirth is rare, but when it does happen there is often no obvious cause.
4. During the first few months of pregnancy, nausea and vomiting are common problems. Occasionally, it becomes severe enough for a hospital stay. **Miscarriage** occurs in about 20% of pregnancies. Bleeding may or may not be a sign of this. Pregnancy loss after the first trimester is less common and may occur for reasons that are unknown and unavoidable. The loss of an early pregnancy may require surgery, such as a dilation and curettage, to prevent infection or blood loss.
5. **Ectopic pregnancy** is a pregnancy that grows outside of the uterus, most commonly in the fallopian tube. If this is allowed to continue to develop, rupture of the tube may occur. Abdominal pain, vaginal bleeding, and even shoulder pain, occurring in the first trimester of pregnancy, may be indications of ectopic pregnancy. These symptoms should be promptly reported to your physician or nurse midwife. Medication can treat this condition in the very early stages. However, sometimes surgery to remove the tube and ovary is necessary to prevent serious hemorrhage or death.
6. Medical problems such as diabetes, heart disease, high blood pressure, and herpes require special attention in pregnancy. Pregnancy can make some of these problems worse. It is important for the patient who has a medical condition to work with her caregivers to become as healthy as possible before becoming pregnant. This may include exercising, losing weight and/or changing medications. Infections of the bladder or kidney are common in pregnancy. Less common are infections within the uterus during pregnancy. Any infection that can happen before pregnancy can happen during pregnancy.

7. **Preeclampsia** is a complication of pregnancy characterized by high blood pressure, protein in the urine, and retention of fluid, which causes swelling of the hands and feet and headache. These symptoms should be promptly reported to your physician or nurse midwife. This condition can usually be managed as an outpatient, but sometimes, hospitalization or early delivery is required. Medications may be administered to enhance the infant's lung maturity and increase the chances for a safe delivery. Eclampsia is the more serious complication, which can develop from preeclampsia. It is characterized by uncontrollable high blood pressure, convulsions, and coma. Hospitalization, medication, and delivery of the infant are required to treat eclampsia.
8. Problems later in pregnancy can include heavy bleeding due to problems with the placement of the placenta (afterbirth) or an early separation of the placenta from the inside of the uterus. Other problems that can only happen in pregnancy include problems with the baby's growth, babies born too early, and problems with interactions between the baby's blood and the mother's. Pregnant women are prone to varicose veins, phlebitis, and blood clots.
9. **Cesarean section** is major surgery that can be lifesaving when necessary. Cesarean section may be needed for many reasons: the baby may not do well in labor, the baby may not be headfirst, and the baby may not be fitting through the birth canal properly. Many of the problems mentioned earlier can result in cesarean section. Cesarean section can be associated with infectious complications and/or injury to surrounding organs that may require further surgery or treatment. Occasionally forceps or a vacuum cup is needed to help deliver the baby's head. When indicated they can be life saving for the baby. Properly used they usually cause no problems but can leave a mark on the baby that will go away. It is very rare, but there can be injuries to the baby's head, even with proper use. These instruments are not used unless the benefits outweigh any risk. Any women can have tears of the vagina, rectum or uterus in the childbirth process. Sometimes women develop a large bruise of the pelvic area (hematoma) that may require surgery for proper healing. The afterbirth usually comes out in one piece; however, small fragments can remain inside and cause bleeding and infection. Very rarely, there is such heavy bleeding after delivery, either vaginal or by cesarean section, that a blood transfusion or hysterectomy may be needed to save the mother's life. Usually, stitches of the vagina and bottom heal quickly. Occasionally there may be an infection or poor healing in that area that requires treatment or may cause uncomfortable intercourse. Urinary and fecal incontinence can also occur after vaginal delivery (and may not be prevented by cesarean section). Rarely, babies experience an unpredictable injury during delivery (such as fracture of the clavicle or injury to the arm) that is usually, but not always, transient.
10. **Anesthesia** also has risks. Women may be allergic to or have reactions to the medications used. General anesthesia can result in aspiration pneumonia, which is life threatening. Patients receiving medicines of any kind can have a reaction, allergic or otherwise. Blood transfusions (given only when absolutely needed) can result in bad reactions or infections transmitted by blood.
11. Some complications can be prevented. Rhesus isoimmunization ("**Rh disease**"), can be prevented in almost all Rh-negative women by administering a filtered blood protein that blocks the maternal immune reaction against an Rh-positive fetus' blood cells. There is also a test that can determine whether the baby is Rh-negative or Rh-positive. If the baby is also Rh-negative, or both parents are Rh-negative, there is no risk of Rhesus isoimmunization disease, and administrative of the protein ("rhogam") is not necessary. Because this lethal disease can be prevented, we respectfully decline to provide obstetric care for women who refuse to accept the preventative treatment or have a test to confirm that their fetus is not at risk.

12. **Gestational diabetes** is a condition that may increase pregnancy complications. Because this condition is diagnosed by a simple blood test after a standardized dose of glucose, we respectfully decline to provide obstetric care to women who are not willing to undergo this test or alternatively check their blood sugars as directed if the test is not done, or who refuse to monitor their blood sugars if the condition is diagnosed.
13. Group B streptococcus (“**Group B strep**”) is a bacteria that inhabits the gastrointestinal tract of about 1/3 of adults. It has been shown to cause severe infections and death in a minority of infants born to mothers who test positive for Group B strep. The Centers for Disease Control has developed a protocol that’s been shown to dramatically decrease the incidence of Group B strep infection. When colonized mothers receive penicillin (or another appropriate antibiotic if they are allergic) in labor, the incidence of early onset Group B infection is almost zero. Several years ago, there was a protocol to treat according to “risk factors” such as length of time the water has been broken, fever in labor, and prematurity. It has been proven that this strategy does not prevent neonatal infection as well as universal prophylaxis with medication for all women colonized and it is no longer appropriate to treat only when there are risk factors. We do not recommend and will not agree to voluntarily ignore the CDC protocol and request that care patients who do not want to be screened for Group B strep or follow CDC guidelines during labor transfer their care to another caregiver.
14. **Vitamin K** is required for normal blood clotting. An injection is ordered for all newborns to prevent vitamin K deficiency bleeding, which can occur up to 6 months after birth. Most bleeding occurs without warning and affects the intestines or the brain. Oral supplementation has not been shown to be effective, and babies don’t make their own vitamin K until they are eating normal food. The deficiency is more common in breastfed babies who don’t receive the injection (formulas are supplemented with vitamin K). One isolated study in 1990 raised concerns about increased cancer risks; many studies since then have failed to confirm that finding. There is good consensus among experts that vitamin K is safe and does not increase the risk of cancer; the evidence that vitamin K deficiency is dangerous for healthy babies is irrefutable. Male infants who do not receive vitamin K will not be cleared for circumcision by the pediatrician and we do not recommend refusal of vitamin K prophylaxis.
15. While we understand that women do not want "unnecessary interventions", we recommend treatments and **preventative care**, such as immunizations against influenza and pertussis, that have been shown to decrease risks to both the mother and her fetus, and encourage patients to rely on respected sources of information (such as the Centers for Disease Control and the American College of Obstetricians and Gynecologists) and not pseudo-scientists or sources such as "chat rooms".
16. It is our philosophy that, while all poor outcomes cannot be prevented, practices that have been shown to help promote good outcomes should be embraced by both the patient and her caregivers. When conflicts arise between the patient's desires to avoid such treatments and the physicians' desires to not participate in actions that may cause harm to the fetus, we reserve the right to request that the patient select an alternative caregiver as soon as possible after such conflicts become apparent.
17. **Genetic screening** for Down Syndrome (Trisomy 21) and **Cystic Fibrosis** screening are offered to EVERY PATIENT of this practice, regardless of age and family history. It is important to understand the choices available and to realize that screening tests can have false positive and false negative results. In order to facilitate your understanding of the options available to you, including the costs of such testing, we require all patients to view a short video on genetic screening options (available at www.counsyl.com). This may be viewed at home before your first obstetric visit or at your confirmation visit, if done in this office.



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To attempt to list every single emergency or complication is impossible. This "informed consent" is not intended to alarm the patient, only to remind the patient that life and pregnancy are not without risk. We ask that you and your partner acknowledge the receipt of this information with your signatures. This document will become part of your record. We shall be happy to answer any questions you might have. You may request a copy of this document for your personal records.

Patient Signature

Date

Partner Signature

Date

I, _____, give my permission to discuss my care and results with

my partner, parent, or other (list) _____
(Cross out all that do not apply).

Physician/CNM/RN Signature

Date

DRUG SCREEN POLICY OF HIBISCUS WOMEN'S CENTER

Due to the rise in infants being born with drug additions, it is our policy to conduct drug screens on all new obstetrical patients. We also reserve the right to conduct random drug screens during pregnancy.

We will discuss any positive results with you and recommend an appropriate course of action (such as enrollment in a drug treatment program). We will do our best to provide good care to patients using illicit drugs, but repeated positive results and failure to comply with our recommendations will most likely result in dismissal from the practice.

Drug screen results are a part of the medical record and will be shared with others directly involved in your care (such as the labor and delivery staff and the pediatrician caring for your baby). Other than to direct care givers your records may only be released with your written consent.

If you have concerns or question, please address them to your physician or certified nurse midwife.

I have read and understand the above:

Signature

Date



HIBISCUS
WOMEN'S CENTER

Notice of Policy Regarding Anatomy Ultrasound at 19-20 weeks

It is the policy of Hibiscus Women's Center to order a survey ultrasound and cervical length at 19-20 weeks on every patient. These tests screen for major anatomic defects and shortened cervix, which may indicate a risk for preterm delivery. Even though these screenings cannot be guaranteed to find every abnormality (especially in obese women), we feel they are an important component of our prenatal care and will order them on every patient (even without risk factors and even when insurance doesn't cover them), except for those who will be having these tests done through the perinatologist. If your insurance company does not cover these tests, and you do not agree to have them done at your expense, it will be necessary for you to transfer your care to another provider.

Signature

Date



HIBISCUS

WOMEN'S CENTER

NOTICE TO OBSTETRIC PATIENT

(See Section 766.316, Florida Statutes)

I have been furnished information by Hibiscus Women's Center, prepared by the Florida Birth-Related Injury Compensation Association (NICA), and have been advised that Dr. Perry, Dr. Escobar, Dr. Elhusein, and the physicians employed by Advent Health are participating providers in that program, where in certain limited compensation is available in the event certain neurological injury may occur during labor, delivery, or resuscitation. I further understand that these physicians supervise all deliveries performed by the Certified Nurse Midwives employed by Hibiscus Women's Center

For specifics of the program, I understand I may contact the Florida birth-Related Neurological Injury Compensation Association, P.O. Box 14567, Tallahassee, Florida 32317-4567, 1-800-398-2129.

I further acknowledge that I have received a copy of the brochure prepared by NICA.

Dated this _____ day of _____, 20____.

Signature of Patient _____

Printed Name of Patient _____

Date of Birth _____

Attest:

Physician/CNM _____ Date _____



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WOMEN'S CENTER

New OB Labs Disclaimer

Please note there are antenatal screening tests that are ordered from our office but processed and billed from a Lab. The labs are drawn in our office and are a necessary part of your care with Hibiscus Women's Center. This series of tests are considered standard of care and are the recommended tests by the American Congress of OB/GYN. However, we want all our patients to be aware that we do not bill for these labs and have no control over the amounts that you are charged for them. We are seeing a trend of these labs being applied to patient's deductibles per insurance policy. We strongly encourage you to take the list of the New OB Labs and call your insurance to get a good understanding of what your financial responsibility as it relates to this testing.

If you have any questions, please let us know.

*Please acknowledge that you received the New OB Labs and Codes

Patient Name

Patient Signature

Date

New OB Labs

Hepatitis B (Total)	86704
RPR (Syphilis)	86592
Rubella antibodies	86762
Varicella	86787
RH blood type & antibodies	86901
CBC	85025
Cystic Fibrosis	81220
Hemoglobinopathy Eval	83021
SMA (Spinal Muscular Atrophy)	81329
Drug screen (urine)	80307
Urine culture	87086
Gonorrhea & Chlamydia	87491, 97591

*Please review this list with your insurance to determine cost. Lab tests can go to deductible and some carry a high cost.



HIBISCUS

WOMEN'S CENTER

Obstetrics- Financial Policies

Welcome

Thank you for choosing Hibiscus Women's Care for your pregnancy and delivery. We are committed to providing you with the best possible medical care. We believe that good care starts with good communication. Your clear understanding of our practice financial policy is important to our professional relationship. Please review and contact our billing office for any questions.

Global Care - With the exception of Health First Health Plans your insurance company describes Global Care as all routine visits relating to normal pregnancy from the initial visit until 6 weeks after delivery, including delivery. Therefore, we bill one fee of \$4800.00 for normal delivery and post-partum visit at 4-6 weeks. If a pregnancy becomes high risk and requires extra visits (over 13), these visits will be billed as problem visits and copays will apply.

Health First Health Plans- Due to contracting and reimbursement issues we are not taking any Medicaid at this time. Health First Health Plans is billed as fee for service. They do not accept the global fee billing. Copays, deductible and co-insurance amounts will apply to routine and problem visits. We do not take Medicaid as a secondary. You will be responsible for any copay, co-insurance and deductible amounts.

Labs, Ultrasounds and Genetic Testing are not considered to be part of the global fee and are billed separately at time of service. We are unable to verify coverage on laboratory charges. Depending on your insurance coverage, you may be responsible for a portion of these charges. We do try to verify coverage for Ultrasounds and Genetic testing however, your insurance carrier will not guarantee payment. You will be responsible for any balances or non-covered testing. Please contact your insurance carrier for information of your coverage and benefits for any additional testing

Services that are not covered in the Global Fee that will be billed separately:

- Initial visit for confirmation of pregnancy.
- Laboratory – the processing of all Blood draws, cultures or specimens.
- Ultrasounds
- Hospital Charges
- Other Procedures (such as External Cephalic Version of Breech, Amniocentesis, Tubal Ligation)
- Services rendered by other providers (such as Genetic Counseling, Perinatologist Referral, Endocrinologist Referral, Amniocentesis, Ultrasound, Anesthesiologist)
- Genetic Screening Testing- Nuchal Translucency, cell-free DNA tests.
- Services outside of routine prenatal care (such as hospital visits for preterm labor, hyperemesis, kidney infection, collection of Cord Blood for storage, etc)
- Hospital or office visits due to injuries or illnesses not related to pregnancy (such as colds, sinusitis etc.)
- Circumcision of Male infant
- Medication (such as Steroid injections, Hormone shots, Flu Vaccine, Rhogam, TDAP, Laminaira, Cervidil)
- Newborn care
- Gestational Diabetic Program (nutritionist and diabetic education counseling)
- Fetal Non-Stress test (NST) Contraction stress test (CST), Biophysical Profile, Amniotic Fluid Index (AFI), Oxytocin Challenge Test (OCT)
- Multiple Gestation
- Assistant Surgeon for Cesarean Section
- High Risk Pregnancy (additional charges may apply) for medically necessary visits exceeding 13.

Patient Portion and Obstetrical Payment Plan - After your confirmation visit, your insurance company will be contacted to obtain your benefits for pregnancy and verify if precertification of service is required. Some insurance companies require the patient to contact them for prenatal registration and participation in their prenatal program. Please contact your insurance for requirements.

OB Payment Plan – When calling for pregnancy benefits, your insurance will advise us of your responsibility of the Global Fee. This is called your deductible and co-insurance. We collect this portion from you prior to delivery. Our policy is that the amount will be collected by your 24th week of pregnancy. We will create a Payment Plan based on the information received from your insurance company.

Health First Health Plans does not accept Global Fee billing and visits are billed on the day service is provided. Office visit charges (deductible and/or co-ins) or Copay will be collected at time of service. Your co-insurance for the delivery charge will be collected by the 24th week.

Payments are expected monthly and a Credit/Debit card may be kept on file.

Please remember that you may have a deductible that will have to be met. If this is the case, you may have additional charges that will be your responsibility.

Co-Pays -Based on your insurance policy, co-pays may apply for any testing or visit outside of the "Routine Prenatal Care". Special testing, such as Non-stress test, may require copay at time of service.

HRA/HSA/Flex Spending - Higher deductible plans (HRA, HSA and FLEX) encourage patient to share more responsibility for how their health care dollars are spent. This means that you will have larger portions of your health care costs to pay. Plans vary from insurance to insurance making it almost impossible to track all plans, Due to this; Hibiscus Women's Care requires the global fee to be paid by the 24th week of pregnancy, as with traditional plans.

Should you have a change in insurance during your pregnancy, please contact the billing department as soon as you have all the new information. We will call and get benefits meaning your payment plan may change. We will notify you of the new benefits.

**** A note about benefits****

Please keep in mind that although your insurance quotes benefits in regard to pregnancy there is no guarantee of payment. Insurance companies consider many factors when claims are being processed. Any questions in regard to an insurance payment must be directed to your insurance company.

Self-Pay Patients - In order to address the needs of our patients without insurance and patients with coverage limitation, we offer a 15% discount off our Global Maternity Fee. Amount is due by the 24th week and payments will be arranged and a Credit/Debit card will be kept on file.

Leaving the Practice - Should it be necessary for you to transfer care during your pregnancy, Hibiscus Women's Care will bill your insurance for their portion of the global fee. If you are moving please provide us with a forwarding address. Refunds will be issued after insurance claims processed.

Tubal Ligation (sterilization) at Delivery - Sterilization procedure is an additional charge. Should you decide to proceed with sterilization, your insurance will be contacted in regards to coverage and benefits. You will be responsible for any co-insurance amounts prior to your delivery. You will be notified once benefits received

Circumcision of Male Infant- Payment is required prior to procedure if no insurance or not covered by insurance. This applies to patients under Medicaid, Self -Pay and when the patient on the plan is Child on the plan and the baby is the grandbaby.