

Golden Gate Obstetrics & Gynecology, Inc.
1725 Montgomery Street, Suite 200
San Francisco, CA 94111

Thank you for choosing Golden Gate OB/GYN, Inc. as your OB/GYN provider. We are committed to providing state of the art women's health care in a warm and friendly environment. In order to take full advantage of our services, it is important that you are familiar with our office policies.

Physicians: Fung Lam, MD
Donna Wiggins, MD
Karen Callen, MD
Jane Fang, MD
Jason Dimsdale, MD
Lesley Meister, MD
Milana Berguig, MD
Lucia Franca, MD
Ramona Rule, RNP
Margaret Aliabadi, RNP
Traci Thomas, PA-C

Hours of Operation: 8:30 AM-5:00 PM
(closed from 12:30 -1:30 PM)

Phone: 415-666-1250

Fax: 415-398-2696

Business Office: 415-831-2195 or 415-213-7201

Business Office Fax: 415-398-3787

Website: www.goldengateobgyn.org

Emergency/After Hours:

If you have an urgent medical need after office hours, we have a triage service available by phone. If necessary, you will be connected with the physician on call. To access this service, please dial our main phone number and follow the prompts.

If you have a life threatening emergency, please call 911 or go to the nearest Emergency Room. It is important you or a

family member contact your physician within 24 hours of receiving emergency care.

The answering service is designed to help patients with URGENT medical illnesses or prenatal concerns. General advice should be given during regular visits with your provider. Should your after-hours concern require a prescription, please note there is a \$60 charge *per prescription dispensed*.

Appointments:

To schedule an appointment with a physician, please contact us by phone or via our website from the 'contact us' request tab. If you have an urgent problem, be sure to indicate that to the staff by PHONE only. Our staff is available to schedule appointments from 8:30 AM-4:30 PM Monday thru Friday, with some Saturday availabilities. If your visit is for a Well Woman exam, always call the office 2-4 weeks in advance.

Registration/Check-In:

Upon arrival for your appointment, please present the front desk receptionist with a copy of your current insurance card and co-pay (if applicable) at EACH visit. Please inform our staff if there have been any changes in your home address, phone number or insurance coverage. This helps ensure that your file is always kept up to date, and that we always have current billing information. New patients should complete the on-line registration process.

Insurance:

We are contracted with *most* major insurance companies under the PPO network, along with Brown & Toland Medical Group and Hill Physicians Medical Group under the HMO network and Medicare. Please note we are not providers of Medi-Cal, San Francisco Health Plan or any subsidiary of Medi-Cal state programs. To ensure we are contracted providers of your insurance plan, please contact your insurance carrier directly.

HMO Patients:

Please have your HMO membership card with you upon check in. HMO's require that we collect the co-payment at the time of each visit, so we ask that you be prepared. Most services we provide in our office are covered under HMO plans. There are some services that may not be covered, such as family planning/infertility consultations/treatment. We will make every effort to inform you in advance if we think a service may not be covered, but it is ultimately your responsibility to know the extent of your policy's benefits.

PPO Patients:

Most PPO plans also require a copayment. When applicable, please be prepared to pay at the time of visit. We will bill your insurance for you. Most plans have a yearly deductible and co-insurance responsibility. You will receive bills from us until your insurance company informs us that you have satisfied those amounts. As with HMO's there are some services we provide that are not covered benefits, or that may be subject to your deductible. It is your responsibility to be aware of your plan's benefits. We will attempt to bill on your behalf for all services, but you will be responsible for services that are not covered.

Medicare:

While we are participating providers of the Medicare plan, please note that Medicare does not pay for all your healthcare costs. You should be aware Medicare will not pay for a Preventative Well-Woman visit as it does not meet the definition of any Medicare benefit. They will cover the costs of your pap smear once every 24 months. We have significantly reduced the patient amount as a courtesy to you. Ask the front desk for a copy of the Medicare Advanced Beneficiary Notice that you have signed.

Labs, X-Rays, Prenatal Tests, Pap Smears/Procedures:

Most health plans have specific contracted facilities for these services. In most cases we will be able to direct you to the appropriate facility. However, it is ultimately your

responsibility to be aware of your plan's contracted facilities and use them appropriately. Most, if not all, of our labs and specimens are sent to Universal Laboratories, Labcorp laboratories or CPMC and are processed and read by a physician/pathologist. You may receive alternate charges from the facility, laboratory, or pathology department in addition to our physician charges that are applied to your deductible or coinsurance. In some cases, certain laboratory tests must be forwarded to another outside laboratory for further processing. Refer to your plan benefit regarding lab services provided in a hospital and outpatient facility.

Record Releases/Disability Forms:

We will be happy to provide you, upon written request, a summary of your file with GG OB/GYN. If you require a copy of the complete medical file, there will be a base charge of \$30 for the entire file. Please enclose a method of payment with the complete written authorization to release medical information. We will gladly fill out any necessary forms required by the State of California to grant you disability benefits pertaining to your condition and/or any additional forms required by your employer, personal disability insurer, etc. This is subject to a \$20 charge per company/form.

Prenatal Patients:

Congratulations on your upcoming bundle of joy! We recommend routine visits, according to standard practice of care. If you experience any problems between your scheduled visits, please feel free to call and schedule an additional appointment.

Prenatal visits that are categorized under the global service package will be billed to your insurance upon delivery. All visits pertaining to your pregnancy, other than exceptional or unrelated medical issues, are subject to the global package and do not have any additional costs. Visits for medical concerns outside the standard prenatal visits are subject to additional charges. These charges reflect only the physician's fees and are separate from any facility,

anesthesiology, pathology or laboratory fees you may receive.

It is your responsibility to inform our staff if any changes have occurred to your current insurance coverage, including change in guarantor, identification number, insurance plan, group number or lack of current insurance. Failure to do so may result in *all charges* being your financial responsibility.

Self Pay Prenatal Patients:

All visits are subject to an office visit fee, and any other tests/procedures that may be performed during your visit are your responsibility. Charges are due and payable at time of visit. Prior to your delivery, a deposit must be made with our office (when applicable). All outstanding balances will be billed to you. Please note these charges are separate from any facility (hospital), anesthesiology, pathology, and pediatrician or laboratory charges.

Gynecological Patients:

We provide comprehensive women's healthcare services at all stages of life. It is likely that *most* of our services are covered benefits under your insurance plan. It is your responsibility to understand your benefits as there may be services that are not covered. For example, an IUD device and placement, conceptual planning consultations, infertility/fertility concerns and alternate procedures, laboratory or pathology testing may not be covered by some plans. Please contact the customer service department of your insurance plan to confirm your benefit coverage. If you are scheduling a Well Woman exam, please make sure it has been 12 months since your last annual Well Woman exam. Most insurance companies will not cover a Well Woman exam performed during the same calendar year. A Well Woman examination is a general health check-up, including a manual pelvic exam and breast exam are recommended for all women. Insurance benefits for these services vary widely-most do not cover visits with discussions about (pre)-conception (fertility/infertility), or new complaints. Contact your benefits department for a breakdown of covered services.

Scheduling Changes:

Our office makes every effort to stay on schedule. However, emergencies do arise. We will do our best to keep you informed of the delay and give you the option to see another provider or reschedule your appointment. Patients who arrive late for appointments may be asked to reschedule. Also, we ask that if you must cancel your appointment, please call us as soon as possible. There will be a \$50.00 charge for appointment cancellations made less than one (1) business day prior to your appointment. Advance notice will allow us to offer the available time to the next person on our waiting list.

Test Results:

Your provider will explain their policy on notification of lab results. Regardless, you may call our office and leave a message requesting results of any given test.

We look forward to a long and mutually enjoyable relationship with you and welcome your comments about our services.

I have read and reviewed Golden Gate Obstetrics & Gynecology, Inc's office policy and procedures. I am aware I may be financially responsible for visits/procedures not approved by my insurance company. *In the event that my balance is forwarded to a collection service, I understand that I forfeit all future treatment with your practice. All balances (including interest) must be settled with the collection agency for further treatment* ****Urgent medical services will be available to you for 30 calendar days from the date of transfer to a collection agency**.**

Patient
Name _____

Birthdate _____

Patient
Signature _____

Date _____