

Women's Care Group

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

Welcome to our office and thank you for choosing us as your healthcare providers. Our highly qualified providers and staff are committed to doing everything possible to provide you with excellent care and make your visit to our office pleasant and comfortable. Our hope is that together we develop a partnership to keep you as healthy as possible, no matter what your current state of health.

There are currently five providers in the office: three physicians and two advanced practice nurses. If you are pregnant, we ask that you have appointments with all five providers. Due to the unpredictable nature of obstetrics, any of the physicians may deliver your baby or either nurse practitioner may see you in the office or at the hospital. Please be aware that one or two weekends per month, Dr. Nancy Church or Dr. Maria Kronlage are on call for our group to give us four days completely off per month. Dr. Church is a board certified physician who will provide excellent care, should the need arise. Our nursing staff is composed of highly specialized labor and delivery nurses and medical assistants who are a great resource of information. With their experience and knowledge, as well as the guidance of our office policies, they can answer most of your questions. However, if they cannot, they will direct you to one of the providers.

The following guidelines are set up to guarantee patient care and provide the safety and welfare of all patients:

Contacting the Providers for Emergencies- The office phones are active 24 hours/day. In the event of an emergency, please call our office immediately regardless of time, weekend, or holiday. After you page the provider, you should receive a call back within 15 minutes. In the unlikely event that you do not receive a return phone call within 15 minutes, please have us paged again. If you do not receive a phone call within 30 minutes, please go to the emergency room. If you have general questions, or non-emergent concerns after office hours, please feel free to call the office the next business day and our staff will be happy to assist you. If you choose to have the providers paged for non-emergent reasons, there will be a \$25.00 service fee processed to your account. We consider any problems in pregnancy an emergency.

Missed Appointment Fees- It is very important that you attend every scheduled appointment so that we can provide you with the best possible care. Cancellations and/or changes need to be made at least **24 hours** prior to your appointment time. Failure to do so will result in a \$50.00 missed appointment fee. If you miss your appointment due to an emergency, we will waive the fee.

Physician Cancellation- Unfortunately, physicians may be called out to the office at any given time due to emergencies or deliveries. We will do our best to notify you if this occurs and you will have the option of reschedule or seeing a nurse practitioner if available.

If you have medical insurance, we will help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time they are rendered. We accept cash, check, Visa or MasterCard for payments. We will be happy to process any insurance claims for you and we do accept insurance assignment. We will do our very best to accurately *estimate* what your insurance company will pay toward normally covered services. Please understand, however, our calculations are strictly an estimate and is no guarantee that your insurance company will reimburse us according to these estimates. Ultimately, your insurance is contracted between you and your insurance carrier. We are not a party to that contract. Any service that is not covered by your insurance company, for whatever reasons, is your financial responsibility.

Returned checks, NSF fees, and balances older than 90 days will be subject to additional collection fees and interest charges of 1.5% per month. A charge of \$50.00 may also be assessed to your account for missed appointments or appointments cancelled without 24 hours advance notice. **Any attorney or collection fees incurred due to delinquency in payment will be charged to the patient.**

Payment is always due at the time services are rendered. For more extensive procedures, we can provide easy payment options to make these services more affordable.

By checking this box and signing below, I hereby acknowledge that I have read this document and understand my financial responsibility for services provided for me and other patients whose names I have provided and appear on my account.

Signature

Date

Women's Care Group

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

Thank you for choosing our office. In order to serve you properly please print all information below. This information is required and will be kept confidential. Failure to fill out information may cause delays in payment from your insurance company, making you responsible for all charges.

My Co Pay for Specialist's is: _____ My preferred Pharmacy is: _____ Located at _____

Name _____ Date of Birth _____

Address _____ Apt # _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____ E-Mail _____

HIPAA: May we leave a detailed message on Home # (Circle One) Yes No
HIPAA: May we leave a detailed message on Cell # (Circle One) Yes No

Marital Status (Circle One) Married Widowed Single Divorced

Social Security # _____ - _____ - _____ Driver's License # _____

Employer Name _____ Employer Phone # _____

Emergency Contact Person _____ Relationship _____ Phone# _____

Whom may we thank for referring you/how did you hear about us? _____

PLEASE LIST HERE IF YOU HAVE A SECONDARY INSURANCE _____
(We do not accept Public Aid as secondary insurance)

Responsible Party-Insurance Holder (Subscriber) Information

Please check this box if the patient is the insurance subscriber and this information is the same as above.

Primary Insurance: _____

Name of Insured _____ Relationship to Patient: _____ Date of Birth _____

Address _____ Apt # _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Social Security # _____ - _____ - _____ Driver's License # _____

Employer Name _____ Employer Phone # _____

Secondary Insurance

If yes complete the following; Insurance Company _____

Name of Insured: _____ Relationship to Patient _____ Date of Birth _____

SSN _____ - _____ - _____ Home Phone # _____ Work Phone# _____

I authorize release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me directly to the Doctor, realizing I am responsible to pay any non-covered service.

Signature

Date

5851 W. 95th St., STE 400
 Oak Lawn, IL 60453
 (708) 857-7230
 Fax: (708) 425-5779
 Fax: (708) 675-1095

Women's Care Group

Foti Chronopoulos, MD FACOG
 Alan Luke, MD FACOG
 Mary Bisaga, APN FNP
 Rebecca Lawrence, APN WHNP
 Tejas Sheth, MD

10762 W. 167th St.
 Orland Park, IL 60467
 (708) 873-0400

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

Home Telephone

Number _____

OK to leave message with detailed information

Leave message with call-back number only

Work Telephone

Number _____

OK to leave message with detailed information

Leave message with call-back number only

Written Communication

OK to mail to home

OK to email

Cellular Telephone

Number _____

OK to leave message with detailed information

Leave message with call-back number only

OK to text

Release of Medical Information

Please list any person or persons whom we may discuss about your medical information or appointments.

Name	Relationship	Medical Information	Make, change or cancel appointments
		Yes or No	Yes or No
		Yes or No	Yes or No

 Patient Signature

 Date

 Print Name

 Date of Birth

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures.

Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Women's Care Group

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

Patient Acknowledgement Form

I have received the Notice of Privacy Practices, the HIPAA forms and the Patient Bill of Rights. I have been provided an opportunity to review it.

Print Name _____ Birth date _____

Signature

Date

Women's Care Group

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

Patient's Name _____ Date _____

Reason for your visit today _____

Past Medical History

(Do you have or have you ever had)

- | | | |
|---|---|--|
| <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Depression | <input type="checkbox"/> Lung Cancer |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Migraine Headache |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> DVT (Venous Embolism) | <input type="checkbox"/> Mitral Valve Prolapse |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Myocardial Infarction |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Esophageal Reflux | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Ovarian Cancer |
| <input type="checkbox"/> Cardiac Arrhythmia | <input type="checkbox"/> Hepatitis (A, B or C) | <input type="checkbox"/> Skin Cancer |
| <input type="checkbox"/> Cervical Cancer | <input type="checkbox"/> Hernia | <input type="checkbox"/> Stomach Cancer |
| <input type="checkbox"/> Cholesterol, elevated | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stress Incontinence |
| <input type="checkbox"/> Colon Cancer | <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Stroke (CVA) |
| <input type="checkbox"/> Congestive Heart Disease | <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> COPD (Lung Disease) | <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Uterine Cancer |
| <input type="checkbox"/> Coronary Heart Disease | <input type="checkbox"/> Kidney Stone | <input type="checkbox"/> NONE |

Comments:

Past Gynecological History

(Do you have or have you ever had) **NONE**

- | | | |
|--|--|--|
| <input type="checkbox"/> Abnormal PAP smear | <input type="checkbox"/> Dysmenorrhea | <input type="checkbox"/> Irregular Menses |
| <input type="checkbox"/> Amenorrhea (no menses) | <input type="checkbox"/> Dyspareunia (painful sex) | <input type="checkbox"/> Menorrhagia |
| <input type="checkbox"/> Anovulation | <input type="checkbox"/> Ectopic Pregnancy | <input type="checkbox"/> Ovarian Cyst |
| <input type="checkbox"/> Bartholin's Gland Cyst | <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Pelvic Inflammatory Disease |
| <input type="checkbox"/> Cervical Cancer | <input type="checkbox"/> Fibroid Uterus | <input type="checkbox"/> PMS |
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Polycystic Ovaries (PCOS) |
| <input type="checkbox"/> Condyloma Acuminatum | <input type="checkbox"/> Herpes Simplex (HSV) | <input type="checkbox"/> Recurrent Vaginitis |
| <input type="checkbox"/> Cystocele (Dropped Bladder) | <input type="checkbox"/> Hirsutism | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> DES Exposure in Utero | <input type="checkbox"/> Human Papilloma Virus (HPV) | <input type="checkbox"/> Trichomonas |
| <input type="checkbox"/> Dysplasia (Abnormal PAP) | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Uterine Polyps |
| <input type="checkbox"/> Dysfunctional Bleeding | <input type="checkbox"/> Infertility | <input type="checkbox"/> Uterine Prolapse |

Women's Care Group

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

Reproductive & Menstrual History

NONE

Total # of Pregnancies	Total # of Full Term Deliveries	Total # of Premature Deliveries	Total # of Multiple Births
Total # of Terminations	Total # of Miscarriages	Total # of Ectopic Pregnancies	Total # of Children Living

Date of Delivery	Weeks Gestation	C-Section or Vaginal	Weight of Baby	Anesthesia	Complications

Date of Last Menstrual Period _____
At what age did your menstrual cycle begin? _____

Menopause Status _____
On Hormone Replacement YES NO

- | | | | |
|--------------------------|--------------------------|---|-----------------------------|
| Yes | No | <input type="checkbox"/> Are your periods regular? | If irregular, how so? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Any recent changes with your periods? | If so, what are they? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Do you spot or bleed between your periods? | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Do you spot or bleed after intercourse? | |

How many days between your periods? _____
How many days does your period last? _____
Are your periods light, medium or heavy? _____

Current method of birth control _____

Genetic History

- | | | |
|---|---|--|
| <input type="checkbox"/> Chromosomal Disorder | <input type="checkbox"/> Genetic/Inherited Disorder | <input type="checkbox"/> Down's Syndrome |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Baby with Birth Defects | <input type="checkbox"/> Neural Tube Defects |
| <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> NONE |

Comments:

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Women's Care Group

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

Past Surgical History

- | | | |
|--|---|---|
| <input type="checkbox"/> Adenoidectomy | <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Hysterectomy (vaginal) |
| <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Cystoscopy | <input type="checkbox"/> Hysterectomy (laproscopic) |
| <input type="checkbox"/> Back Surgery | <input type="checkbox"/> D & C | <input type="checkbox"/> Knee Surgery |
| <input type="checkbox"/> Breast Augmentation | <input type="checkbox"/> Ectopic Pregnancy | <input type="checkbox"/> Laparoscopy |
| <input type="checkbox"/> Breast Lumpectomy | <input type="checkbox"/> Endometrial Ablation | <input type="checkbox"/> Ovary Removal |
| <input type="checkbox"/> Breast Mastectomy | <input type="checkbox"/> Gastic Bypass | <input type="checkbox"/> Pacemaker Implant |
| <input type="checkbox"/> Bladder Lift | <input type="checkbox"/> Hemorrhoid | <input type="checkbox"/> Shoulder Surgery |
| <input type="checkbox"/> Cesearan Section | <input type="checkbox"/> Hernia | <input type="checkbox"/> Splenectomy |
| <input type="checkbox"/> CABG (coronary bypass) | <input type="checkbox"/> Hip Replacement | <input type="checkbox"/> Thyroidectomy |
| <input type="checkbox"/> Cholecystectomy/Gallbladder | <input type="checkbox"/> Hysteroscopy | <input type="checkbox"/> Tonsillectomy |
| <input type="checkbox"/> Colon Resection | <input type="checkbox"/> Hysterectomy (abdominal) | <input type="checkbox"/> NONE |

Comments:

Medications

NONE

Name of Medication Currently Taking	Dosage	Frequency	Reason for Taking

Allergies

NONE

Allergen	Reaction

Women's Care Group

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

General Health Screening

Date of last PAP Smear _____ Date of last Colonoscopy _____

Date of last Mammogram _____ Date of last Bone Density Scan _____

- | | | | | |
|--------------------------|--------------------------|---------------------------------------|--|--------------------|
| Yes | No | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke? | If so, how much? _____ | For how long _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever smoked? | If so, how much? _____ | For how long _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you drink regularly? | If so, how many drinks per week? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use other recreation drugs? | If so, which ones? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you exercise regularly? | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you perform a monthly breast exam? | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you sexually active? | If so, how many partners have you had? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is sex satisfactory? | If not, what are your complaints? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a colposcopy? | If so, when? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had the Gardasil vaccine? | If so, did you complete the series? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you eat 3 meals per day? | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you eat snacks regularly? | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any eating problems? | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Any diet preferences/restrictions? | If so, what types? _____ | |

Number of servings per day of vegetables & fruits _____

Number of servings per day of grains _____

Number of servings per week of red meat _____

Number of servings per day of dairy _____

Number of caffeinated beverages per day _____

Social History

What is your marital status? _____

What is your occupation? _____

Highest grade level achieved? _____

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wear seatbelts? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a drug problem? |

Women's Care Group

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

Family History

Yes	No		Relationship	Age Diagnosed
<input type="checkbox"/>	<input type="checkbox"/>	Breast Cancer	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ovarian Cancer	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Uterine Cancer	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Male Breast Cancer	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cervical Cancer	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Colon Cancer	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other Cancer	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Obesity	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Alcoholism	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizures	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Gallstones	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding problems	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	_____

Women's Care Group

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

Dear Patient,

The following are our financial office policies and procedures for Women's Care Group.

REGISTRATION: In order for us to properly bill your insurance carrier all information requested is to be filled out properly & completely. Failure to fill in areas requested can delay or cause denials from your insurance company.

Co-Pays: Co-pays are always due at the time of service. Our office policy is not to bill you for your copays, since they are due at the time of service. If you ask our staff to bill you for your copay there will be a \$10.00 service/processing fee. We accept cash, check, Visa and MasterCard.

Insurance Cards: Current insurance cards are required at every visit. If there are any changes to your insurance, including but not limited to, new insurance member identification number and/or group number, please inform the front desk at the time of check in and provide the updated card. If you are not the primary card holder, all information regarding the primary card holder is required to be filled out in full. Failure to fill in area can delay or cause denials or no payment from your insurance carrier. If this happens you may be asked to pay for all charges in full since we will not rebill your insurance carrier.

If you have not provided our office with the correct insurance information, you will be responsible for any balance due. We are unable to re-submit insurance claims.

Change in Personal Information: Please inform the front desk of any change in personal information by calling or writing the office at your earliest convenience. This includes, but is not limited to, change of address, telephone number, or last name. Failing to update personal information can delay communication regarding your health information.

Self-Pay Patients: If you do not have insurance, payment for your visit is due at the time of service. We accept cash, check, Visa and MasterCard. If you are a NEW PATIENT and are a self-pay, we will accept cash or credit card only.

Appointment Times: Please try to make every effort to notify our office if you will be arriving late. New patients must arrive 30 minutes prior to scheduled appointment with New Patient Packet completed. If you show up any later than 30 minutes before scheduled appointment we will reschedule your appointment. If the New Patient Packet is not filled out completely we will reschedule your appointment.

Missing an Appointment: We ask for 24 hour notice when canceling an appointment. A \$50 missed appointment fee will be assessed to your account if 24 hour notice is not given when canceling or rescheduling an appointment; this includes but is not limited to missing your appointment for not having a current insurance card. Our office understands that emergencies do happen and for certain circumstances, the fee will be waived.

Workman's Compensation: If your visit will not be submitted under your insurance plan, our office must have all necessary claim information before or at the time of your visit. If we are not provided with the correct information then you will be personally responsible for outstanding account balances.

Women's Care Group

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

Insurance & Employer Paperwork: An appointment may be required to have forms completed. Our office charges \$25 for all forms completed. This fee will be collected at the time forms are submitted.

Billing Statements: Our office sends out billing statements every 30 days to every patient with an outstanding balance. This balance usually reflects the remainder owed after your insurance has paid. It is your responsibility to pay your statement balance even if you and your insurance company are disputing coverage.

Collections: If your account balance is unpaid and overdue after three statements or more and we have been unable to contact you, your account will be referred to a collection agency. Any and all fees associated to your account being sent to a collection agency will be your responsibility. A 30% fee for all accounts sent to collections will be assessed. This fee will be the patients' responsibility to pay. Once your account is in collections, we will be unable to make any future appointments for you. Please note, we will only proceed to these measures if you do not respond to our attempts to communicate with you or set up a payment plan. Once your account is sent to collections, they will be contacting you.

Payment Plans: If you have negotiated a payment plan with us, you are responsible for making timely and consistent monthly payments. We offer payment plans as a courtesy to our patients in time of need. Please understand that we are not a bank or a financial institution and our payment plans are for a short time period, normally arranged to be paid off within 6 months. If you fail to make your scheduled weekly/bi-weekly or monthly payment and do not contact our office or respond to our attempts to contact you, your account may be sent to collections for non-payment.

After Hours Calls: Our office has a physician on call when the office is closed. This physician is to be called for emergencies only. A refill for a prescription is not usually considered an emergency and we ask that you have a refill request faxed to our office by your pharmacy. We will do our best to refill your prescription in a timely matter.

Medical Records: All requests by patients must be signed and in writing either by letter, fax, or a medical release of information form. Verbal requests will not be honored. A request is not necessary if the information is shared with a physician we have referred you to.

Copying Fees: Should you need your medical records copied, fees may apply.

Diagnosis Codes: Our office cannot re-code an office visit because your insurance does not cover certain visits; this is illegal and considered fraud. It is your responsibility to know what your insurance plan covers. Always call your insurance company to verify coverage. It will be your responsibility to pay any unpaid amount that your insurance does not cover within 30 days.

Test Results: Our office will notify you with the results from testing as soon as they become available to us and are reviewed by your physician. If you do not hear from us in a timely fashion, please call the office. However, our staff will not give results if they are waiting to be reviewed by the physician.

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Women's Care Group

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

Test Orders, Referrals and Follow Up Care: Our office tracks test orders and referrals given to patients, as well as expected follow up care. An expected time frame for completion of these tests is assigned. If we have not received a report within the expected timeframe, you may receive a call or letter reminding you of the recommendation and the reason for the recommendation. We ask that you please respond with your intent to follow-up within a timely manner after receiving the reminder. Lack of response by the patient will be interpreted by the office that the patient assumes sole responsibility for the consequences of their inaction on this matter. Noncompliance could result in being discharged from the practice.

Uncooperative Patients: Physicians and staff members are not required to continue treatment of a patient who is uncooperative, refuses to follow treatment advice and presents difficulties in the doctor-patient relationship. Our goal is to try to accommodate all of our patients' needs to the best of our ability. Demanding and abusive language does not help us achieve that goal. Patients may be dismissed from our practice for this behavior.

Thank you for your Cooperation,

Women's Care Group

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
(708) 857-7230
Fax: (708) 425-5779
Fax: (708) 675-1095

Women's Care Group

Foti Chronopoulos, MD FACOG
Alan Luke, MD FACOG
Mary Bisaga, APN FNP
Rebecca Lawrence, APN WHNP
Tejas Sheth, MD

10762 W. 167th St.
Orland Park, IL 60467
(708) 873-0400

By checking this box I certify that I have read the above information and agree to follow the office policies and financial procedures of Women's Care Group. I understand that if I do not follow these policies and procedures, I may be dismissed from the practice.

Print Name

Date

Patient Signature

Date