



Information about your Medical Services

Medical Abortion

Name: _____ Date of Birth: _____ Today's Date: _____
Date of Next Appointment: _____ Time: _____ Balance: _____ (← To be filled in by your Health Educator)

We thank you for choosing and trusting Falls Church Healthcare Center for your services and we welcome you as our patient. If you are a private pay patient, included in your healthcare service fees are your laboratory studies, sonogram, health education, the Doctor's fee, and your wellness follow-up in 13 to 20 days. If you are using your insurance you may need to pay copays or deductibles for your visits. It is very important that you follow all your aftercare instructions and that you return for your follow-up appointment. Please be thinking of which day will be convenient for you. Appointments are available Monday through Friday. Plan to be at the center approximately 45-60 minutes for your follow-up. The doctors will be available to review any of your related medical concerns at that time. Additional unrelated medical services such as a Well Woman Exam, IUD Consultation, or HPV Vaccine series can be included with your follow-up at the discounted rates or through your insurance. **Follow-ups rescheduled for more than 4 weeks after today's procedure may incur a nominal additional charge.** Please tell your Health Educator if you want to include the Well Woman Exam or any additional medical services with your follow-up.

Service Options: \$455 Medication Abortion
Services available Monday through Saturday

Rh Negative blood factor add \$65

Explanation of Your Medical Services Today: *Probable time at center: 1.5-2 hours*

A pre-registration sonogram appointment includes an ultrasound, lab testing, and health education. Your private pay abortion care fee can be paid either: in two parts a minimum of \$190 at your registration with the balance at your abortion care or at one time with the entire amount at your registration. Please let us know which you prefer today. *If you are using insurance, you will have to pay your office visit copay on this day and on the day of your procedure pay the copay or other cost prescribed by your insurance.* At this appointment, you will be greeted, fill out a medical history form, read additional information, and then make your payment. Next, you will complete your lab tests including a urine testing, Rh blood typing, and testing for anemia. If you are determined to have a negative Rh blood factor you will owe an additional \$65 for necessary medication. As of July 1, 2012 the Virginia legislature required ultrasound scans at least a day prior to your abortion care. During your ultrasound today your medical history will be reviewed. After your ultrasound, you will speak privately with your Health Educator. She will provide information tailored to your needs as a unique woman, review all of your paperwork, and schedule your abortion appointment. She also will review how to take care of yourself at home and she is available to answer any questions you may have. When you return for your next appointment plan to be here for 2 hours. *In addition to your sonogram, the state legislature requires some information be given to you in advance. **Please read the following information required by the state legislature.***

1. Explanation of Abortion Using Medications (MVIP): *Probable time at center: 1.5-2.5 hours*

Please discontinue use of any vaginal medications 24 hours before your abortion. When you return for your procedure, you will be greeted and you will make any remaining payment towards your account balance or *your additional insurance fees.* Next, your vitals will be taken; you will review your aftercare, schedule your follow-up appointment, and sign your medical consents for treatment.

Abortion using Medications depends on your compliance and following a specific set of treatment instructions during a multi-step process. Some women choose this process because it seems like a miscarriage and avoids instrumentation. You have selected to voluntarily interrupt your pregnancy using the medications in an alternative evidence-based regimen. The FDA has recognized that alternative evidence-based use of medicines by clinicians is appropriate and may represent the standard of practice.

Mifepristone is given to patients early in a pregnancy, before the end of the eighth week. The medical abortion process begins at your appointment and continues until your required follow-up appointment 1-2 weeks later. If indicated by the doctor the first medication **Mifepristone** is administered. Mifepristone is an anti-progesterone that temporarily decreases a hormone needed for the pregnancy to continue. In addition, the medication causes the endometrial lining to shrink from the uterine wall like in a monthly period.

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You will receive a second medication, **Misoprostol**, with full written instructions to use at home. Mild to heavy cramping and bleeding may begin within 2 to 48 hours after its use. Misoprostol does not cause the abortion; it only works in conjunction with the first medication to shorten the process. The pregnancy tissue is usually passed within 2 to 72 hours, but for some women this process may take longer. Slower expulsion does not mean the process isn't working.

It is very important that you follow all the instructions we give you. It is necessary for you to return to the center for your check up to verify you are okay with another vaginal ultrasound. It is very important that you keep your follow-up appointment.

Possible complications and SIDE EFFECTS:

Abortion using Mifepristone with Misoprostol is a very safe procedure. Less than 2 – 6 % of patients have any problems at all. Most medical experts agree that risks associated with abortion are significantly lower than the risks associated with childbirth. But as with any medical procedure problems could arise and we want to point them out to you. Possible complications of a medical abortion include failure of the medications to terminate the pregnancy (less than 2% of cases) requiring a suction procedure to complete the abortion. Incomplete expulsion of the products of conception, requiring additional medication, monitoring or a suction procedure to complete the abortion (occurs in less than 6% of cases). Excessive bleeding, requiring additional medication, monitoring or a suction procedure, and rarely, transfusion (less than 1% of cases). Uterine infection, requiring the use of antibiotics (0.09%-0.6% of cases). Death secondary to toxic shock following infection with *Clostridium sordellii* (has occurred in less than 0.001% of cases in the U.S. & Canada).

Studies have proven medication abortion to be very safe and successful; over 96 % of all patients experience a complete expulsion of the pregnancy within two weeks. A slow or failed abortion is rare but easily completed here at the Center for no additional cost. Treatment could be additional medication, repeated testing or an aspiration D&C. It is important that you agree to have additional treatment if the medication abortion fails. **Tell our doctor if you are breast-feeding; you will need to discontinue while using these medications.**

We will provide our 2 telephone numbers - our center number for any questions, problems or concerns you may have as well as an after-hours medical emergency number. There are alternatives to abortion. These include parenthood and adoption. Falls Church Healthcare provides interim prenatal care, referrals for pre-natal care and offer adoption facilitation services as part of our gynecology medical practice.

2. Withdrawal of Consent: You may withdraw your consent at any time prior to the performance of the procedure.

3. Offer to Speak with the Physician: You will be able to speak with the physician on the day of your appointment before your procedure to review any questions or concerns you may have.

4. Probable Gestational Age: An ultrasound scan will be performed by a doctor, nurse, or sono technician prior to the abortion to evaluate the gestational age. Your health educator can estimate the gestational age based on the first day of your last normal period.

5. The final point of information required by the state legislature to be shared with our patients in advance is the offer to review state printed materials. Those materials include information on fetal development; a list of agencies providing alternatives to abortion; information on medical assistance benefits available for prenatal care; childbirth and neonatal care; and information on child support and assistance in the collection of child support. **It will also include a list of public and private agencies and services that provide ultrasound imaging and auscultation of fetal heart tone services free of charge.** You have the right to review the materials the legislature prepared; copies are available here free of charge or online at www.vdh.virginia.gov/.

This information was assembled under the direction of our Medical Director.

*Contact Falls Church Healthcare Center
(703) 532-2500 or WomenFirst@FallsChurchHealthcare.com*

Thank you for stopping by today, we are here to help and are just a phone call or email away!

Falls Church Healthcare Center

900 South Washington Street, Suite 300
Falls Church, Virginia 22046
www.fallschurchhealthcare.com

CONSENT TO TREATMENT AND RELATED MEDICAL SERVICES
FOR VOLUNTARY INTERRUPTION OF PREGNANCY USING MEDICATIONS

1. I request and consent of my own free will to the performance upon me of an abortion at Falls Church Medical Center, LLC by or under the direction of Dr. _____, or an associate designated by the Medical Director. A medical resident, extern or student or Doula under the direction of the Medical Director may observe and/or participate in my treatment and/or care.
2. I have fully disclosed my medical history, including any allergies and any prior reaction tendency to anesthetics. Please state your anesthetic reaction tendency _____ OR circle NONE. I acknowledge that an incomplete abortion is a known risk of this process. In the event an aspiration procedure is required I consent to the administration of such anesthesia and pain management deemed necessary or advisable by the physician or sedation provider. I fully understand and accept any risks associated with use of Managed Anesthetic Care (MAC) including those of transient impairment following use of MAC; I acknowledge I should not make any decisions requiring a judgment call for 24 hours.
3. I understand that the first medication used for this procedure will be Mifepristone. I understand that I will take Misoprostol in 24 to 48 hours at home as a second medication to complete the process. I understand that there is no medical evidence that this medical abortion can be reversed.
4. The nature and purpose of the procedure and possible alternative methods of treatment have been reviewed with me. I read the Benefits and Risk disclosures, reviewed the medication list; asked questions about the risks involved and the possibility of complications; received the answers to my satisfaction. I understand the complications though rare may include, but are not limited to emotional reactions, hemorrhage, infection, incomplete abortion, and continuing pregnancy that could require an aspiration. An extremely rare complication may be death, 1 in 160,000, though never experienced here. Falls Church Healthcare Center has given no guarantee or assurance to me as to the results of this pregnancy termination. If unforeseen conditions arise during the pregnancy termination, I consent to the performance of related procedures which my medical attendants decide are necessary or advisable. I further understand that costs for hospital services or fees for additional laboratory studies shall be my financial responsibility and I will be so informed.
5. I have read, understand and will carefully adhere to the DANCO Medication Guide and After-Care instructions given to me. I acknowledge it is my responsibility to complete my follow-up evaluation; it is an integral part of my abortioncare. I hold Falls Church Medical Center, LLC, its clinicians and staff harmless for any adverse outcomes if I fail to complete my follow-up care.
6. In the event of an emergency hospitalization or continuing care sought elsewhere, I hereby authorize and release this facility, its physicians, sedation providers and staff to transmit my medical and health education records for continuity of care to Fairfax Hospital, other medical facility, or clinician. I further understand that any cost thus associated is my financial responsibility.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION, THE EFFECTS OF MIFEPRISTONE & MISOPROSTOL, THEIR USE, AND AFTERCARE INSTRUCTIONS. THE EXPLANATIONS THEREIN REFERRED TO WERE GIVEN TO MY SATISFACTION AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION WERE FILLED IN. I AM FIRM IN MY DECISION, HAVE NOT BEEN COERCED AND I AM PREPARED TO PROCEED WITH MY ABORTIONCARE. WITH MY SIGNATURE I GIVE AUTHORIZATION FOR VOLUNTARY INTERRUPTION OF MY PREGNANCY.

PATIENT SIGNATURE: _____ Print Name: _____

DATE: _____ AGE of Patient: _____ FCHC H.E: _____

REVIEWED BY M.D. _____ **DATE:** _____

Falls Church Healthcare Center

900 South Washington St. Suite 300 Falls Church, Virginia 22046
www.fallschurchhealthcare.com 703 532-2500

DISCLOSURE OF ALTERNATIVES, BENEFITS, AND RISKS

FOR VOLUNTARY INTERRUPTION OF PREGNANCY USING MEDICATIONS (MVIP)

ALTERNATIVES: The alternative to ending a pregnancy is to continue it to term and birth. Thereafter, one usually either takes on the duties of parenthood or arranges for an adoption. Pregnancy has significant medical and emotional risks. These are considered by most medical specialists to be 14 times greater than the risks associated with an early abortion. Parenthood and adoption have both benefits and risks that vary widely depending upon the individual and her unique circumstances. We trust women can carefully consider these risks, benefits and detriments for each of these options of a pregnancy and make her informed decision. Once you are pregnant there is no way forward without sacrifice.

BENEFITS: The voluntary interruption of a pregnancy (VIP) in its early stage has various benefits, depending upon the individual. Abortion allows you to plan another pregnancy to a more supportable time for your economic, emotional and physical health and for the welcoming and wellbeing of a new life. Medically, an abortion usually allows you to resume your normal activities a short time after the procedure with return to full health and personally without additional disruption to your circumstances.

Please read this information carefully so you understand the benefits and risks and that Falls Church Healthcare Center cannot guarantee the procedure results obtained here will always be perfect. As with any medical procedure, complications may occur and may require further treatment. You will have opportunities to fully discuss these risks with a health educator, nurse, and physician. Your follow-up evaluation is an integral part of your treatment.

INTRODUCTION:

You have selected to voluntarily interrupt your pregnancy using the medication Mifepristone in the FDA evidence-based regimen that will be given to you by our doctor. At home you will take Misoprostol, heavy to mild cramping and bleeding may begin within 2 to 48 hours after its use. Some women reported only spotting or very light bleeding. Do not use any other medications or drugs until discussed with the doctor. This abortion process begins when you take the Mifepristone and continues until you your follow-up evaluation in 7 to 14 days. **There is no medical evidence that this medication abortion can be reversed.** It is very important and it is your responsibility to follow all instructions and complete your follow-up evaluation. It is very important that you give your complete medical history to our healthcare providers. You must tell your healthcare provider if you have an IUD in place, have adrenal glands problems, take blood thinners, have bleeding problem or other health issues. Before you take the Mifepristone you must tell our doctor if you are breastfeeding. Mifepristone can pass into your breast milk. The effect of the Mifepristone and Misoprostol regime on the breastfed infant or on milk production is unknown though there is cautionary information in the medical literature. You will be given the manufacturer's Medication Guide and our After Care information sheet; these can answer many of your questions. If you have concerns 24 hours after using Misoprostol about your cramping/ bleeding or not cramping/bleeding please call us.

RISKS AND SIDE EFFECTS: the below risks known, but not limited to, will be discussed with you.

RISKS OF INFECTION: less than 1%. Abortion (whether spontaneous, surgical or medical) as well as Menstruation and childbirth create conditions that increase the risk of infection. Most infections are successfully treated with antibiotics when identified promptly.

RISKS OF BLEEDING: Very Heavy to light bleeding is expected, often associated with 2–6 hours of very heavy to moderate cramping. Though uncommon, reported experiences of another episode of heavy bleeding in 3-5 weeks may require additional treatment.

RISKS OF MEDICATIONS: MIFEPRISTONE risks and side effects are detailed in its Medication guide. Please read and keep your Medication Guide. Mifepristone studies reported the very rare occurrence of serious infection that resulted in death. The side effects for MISOPROSTOL, the medication you will use at home, include very heavy cramping and heavy bleeding and may include chills, diarrhea, nausea or vomiting.

RISKS OF FAILURE: Studies have proven this medication regimen to be very safe and successful; over 96% of all patients experience a complete expulsion of the pregnancy within two weeks. Failure to expel the pregnancy completely is rare but may necessitate additional medications or an aspiration to complete the process. Additional risks of an aspiration are only 1 - 2 %: It is important that you agree to have additional treatment if the medication abortion fails. Though there are **no** known long-term teratogenic effects of these medications on future pregnancies, the medications may cause severe embryonic defects if this pregnancy is continued.

I CAREFULLY READ THIS DISCLOSURE. I WILL DISCUSS THIS TO THE EXTENT THAT I NEED AND WILL ASK ANY QUESTIONS I HAVE BEFORE THE PROCEDURE.

PATIENT SIGNATURE: _____ Print Name: _____

DATE: _____ AGE of Patient: _____ FCHC H.E: _____

REVIEWED BY M.D. _____ DATE: _____

Healthcare Providers: *Counsel the patient on the risks of mifepristone. Both you and the patient must sign this form.*

Patient Agreement:

1. I have decided to take mifepristone and misoprostol to end my pregnancy and will follow my provider's advice about when to take each drug and what to do in an emergency.
2. I understand:
 - a. I will take mifepristone on Day 1.
 - b. My provider will either give me or prescribe for me the misoprostol tablets which I will take 24 to 48 hours after I take mifepristone.
3. My healthcare provider has talked with me about the risks including:
 - heavy bleeding
 - infection
 - ectopic pregnancy (a pregnancy outside the womb)
4. I will contact the clinic/office right away if in the days after treatment I have:
 - a fever of 100.4°F or higher that lasts for more than four hours
 - severe stomach area (abdominal) pain
 - heavy bleeding (soaking through two thick full-size sanitary pads per hour for two hours in a row)
 - stomach pain or discomfort, or I am "feeling sick", including weakness, nausea, vomiting, or diarrhea, more than 24 hours after taking misoprostol
5. My healthcare provider has told me that these symptoms could require emergency care. If I cannot reach the clinic or office right away my healthcare provider has told me who to call and what to do.
6. I should follow up with my healthcare provider about 7 to 14 days after I take mifepristone to be sure that my pregnancy has ended and that I am well.
7. I know that, in some cases, the treatment will not work. This happens in about 2 to 7 out of 100 women who use this treatment. If my pregnancy continues after treatment with mifepristone and misoprostol, I will talk with my provider about a surgical procedure to end my pregnancy.
8. If I need a surgical procedure because the medicines did not end my pregnancy or to stop heavy bleeding, my healthcare provider has told me whether they will do the procedure or refer me to another healthcare provider who will.
9. I have the MEDICATION GUIDE for mifepristone. I will take it with me if I visit an emergency room or a healthcare provider who did not give me mifepristone so that they will understand that I am having a medical abortion with mifepristone.
10. My healthcare provider has answered all my questions.

Patient Signature: _____ **Patient Name (print):** _____ **Date:** _____

The patient signed the PATIENT AGREEMENT in my presence after I counseled her and answered all her questions. I have given her the MEDICATION GUIDE for mifepristone.

Provider's Signature: _____ **Name of Provider (print):** _____ **Date:** _____

After the patient and the provider sign this PATIENT AGREEMENT, give 1 copy to the patient before she leaves the office and put 1 copy in her medical record.



FALLS CHURCH HEALTHCARE CENTER

900 South Washington Street, Suite 300; Falls Church VA 22046 703 532 2500

www.fallschurchhealthcare.com

Virginia Pre-Information Received

I (Name)_____D.O.B._____

acknowledge and certify the information required by the Virginia Legislature about the abortion procedure and my rights were reviewed in advance. The points of information required by Virginia I reviewed included: (*Please initial each*)

_____ A medical explanation of the nature, benefits, risks and alternatives to the abortion procedure.

_____ Reassurance that I may withdraw my consent at any time prior to the performance of the procedure.

_____ Informed that I would have the opportunity prior to the procedure to speak with the physician who will be performing the abortion. The doctor can answer any questions that I may still have and provide further information concerning the procedure.

_____ I was given the probable gestational age based on the first day of my last normal period the embryo/fetus could be on the day my abortion is to be performed and that a sonogram performed at the center would confirm gestational age;

_____ I was offered the opportunity to review the printed materials written by the Virginia's Department of Health. If I chose to review such materials, available free of charge from the center, it was provided to me at least 24 hours before the abortion or mailed to me at least 72 hours before the abortion.

Patient Signature:_____ Date: _____

Witness Signature: _____



"A women's center serving the families of our community"

Your Care at Home Medication Abortion

Monday-Friday 9am-5pm

Saturday: 8am-12pm

Business Hours Telephone: 703-532-2500

After Hours Emergency Telephone: 301-953-8436

Name: _____

It is important to have a follow-up assessment of your wellness after your at-home abortion to ensure you are well and that you have had bleeding and the pregnancy has passed from your uterus without complications.

**Please complete a phone follow-up on _____ by calling 703-532-2500.
Taking a urine pregnancy test prior to calling will help our nurse in your follow-up assessment.**

What medications are used?

Mifeprex (Mifepristone): This medication blocks the hormone progesterone, that sustains a pregnancy. Without this hormone, the endometrial lining and developing pregnancy shrinks from the uterine wall. It is possible to have bleeding after taking this pill. You are to take Misoprostol even if you have started to bleed.

The second medication, **Misoprostol** (which you will take at home) helps the cervix soften. This medication will help expel the ended pregnancy and menstrual tissue by bleeding and cramping.

How do I take the medication at home?

- Take your four Misoprostol tablets as discussed with your Doctor. _____.
- If you can, choose a time when you have had a good meal and plenty of rest.
- Wear a maxi pad and stay hydrated

What should I expect at home?

After taking Mifepristone most women experience few side effects.

- Chills, Nausea and diarrhea are possible but rare.
- Some women report cramping & bleeding or spotting after taking this pill. If this happens, still take the Misoprostol at home as directed.

After taking the Misoprostol at home women may experience severe to mild cramping then bleeding.

- This bleeding and cramping usually begins in 2 to 48 hours after taking the misoprostol.
- Your cramping may be much more than with your period.
- Very severe cramps are normal, especially when pregnancy tissue is passing.
- Manage your cramps with NSAIDs or the prescription pain reliever your doctor gave you.
- Your bleeding may be much more than with your period. Your bleeding usually decreases to a light flow within 48 hours however, bleeding & spotting may continue for 6-8 weeks. We can discuss this at your follow-up if it concerns you.

What should I do to recover quickly and Easily?

- Return to your normal daily activities. Enjoy fresh air and walks.
- Stay hydrated, have good meals and get rest
- To avoid increase risk of infection or unintended pregnancy avoid sexual activity for at least 7 days or until your follow-up

When should I call? Please keep and re-read your Medication Guide. Call us if you have:

- **A temperature of 100.4 °F or higher** for 2 hours in a row
- **Very heavy bleeding:** soaking 2-3 maxi pads an hour for 2-3 hours in a row.
- Persistent **nausea, vomiting, diarrhea, or extreme weakness** more than 24 hours after taking Misoprostol at home.
- If you are concerned at any point between now & your follow-up, please call us.
- If you cannot reach your healthcare provider, go to the nearest hospital emergency room. Take your Mifeprex medication guide with you.

When will my period come back? You can expect a period in 4 – 8 weeks, though you may ovulate before then.

900 South Washington Street, Suite 300 Falls Church, Virginia 22046

Phone: 703-532-2500 Fax: 703-237-1184

www.fallschurchhealthcare.com FCHC@fallschurchhealthcare.com



Falls Church Healthcare Center
900 South Washington Street, Suite 300
Falls Church Virginia 22046
April 2020
703 532-2500 FAX 703 237-1184
FCHC@fallschurchhealthcare.com

INSURANCE PARTICIPATION AND AUTHORIZATION AGREEMENT

Using my Insurance: Falls Church Healthcare Center (FCHC), as a service for you, will file your claim for payment of your medical care with your listed Insurance Carrier. Although we rely on your insurance company's good faith pre-authorizations, verifications, certifications and coverage approvals and their reported co-pay, co-insurance and deductible amounts the claim may still be denied by your insurance company or some services not covered once FCHC files your claim. Your insurance plan is a contract between you and your insurance company. We must hold you responsible for any balances due. If your policy includes a co-insurance, a co-pay or deductible amount, that is determined by your insurance company and collected by FCHC at the time of service. If our office does not hear from your insurance company within 30 days, we may request your help in contacting your insurance company to resolve the payment delay. Please supply your insurance card and a photo I.D. at each office visit.

Authorization for Release of Information: I authorize Falls Church Healthcare Center to disclose all or any parts of my medical record to my listed insurance company(s) and any review agency which conducts practice utilization review under a HIPPA agreement with patient's payment source. I also understand that I may revoke this authorization by providing written notice to Falls Church Healthcare Center.

Laboratory Billings: Your services may include laboratory studies required by your insurance company and or requested as a standard of care by your clinician. Your clinician will discuss the recommended additional tests as part of your care. Though the specimens may be collected at FCHC, these studies are NOT conducted at FCHC but sent to and conducted by an independent laboratory. That independent laboratory will file a claim to your insurance company separately. Any unpaid deductibles, co-insurance and copay as well as denials by your insurance company for those laboratory studies will be billed to you separately by the independent laboratory and will be your financial responsibility.

Payment of Services: I understand I am financially responsible for all charges and fees related to the services provided to me by FCHC. I understand that laboratory services if any that are provided by other than FCHC may incur charges separately billed by the laboratory. I further understand that payment in full for any unpaid amount is expected upon receipt of Falls Church Healthcare Center's first invoice. The invoiced charges may include unpaid co-payments, to be billed co-insurance amounts, unpaid deductibles and any fees for services not covered or denied by your insurance company such as medications and anesthesia. I understand I can request a payment plan to be arranged. I understand that 10% late fees may be attached to unpaid balances. I understand I am financially responsible for any legal fees and collection service fees related to the collection of my overdue outstanding balances.

Assignment of Benefits: I hereby authorize and request that my insurance company(s) make payment for my medical care directly to the Falls Church Healthcare Center or its assigns. In the event an overpayment is made from more than one insurance company, I understand the overpayment will be sent to the appropriate payor.

I have read, understand and agree to this Participation and Authorization Agreement:

Patient Name (please print): _____

Signature _____ Date _____

FOR OFFICE USE: Reviewed and verified by _____



"A women's center serving the families of our community"

Insurance Carriers Currently Accepted

As of April 2020

Aetna PPO, HMO	Cigna
Aetna Signature Administrator	Coresource
Anthem HMO, PPO, Healthkeepers	Coventry
Anthem Healthkeepers Plus <i>GYN Only</i>	First Health Network <i>Emergency GYN Only</i>
Assurant	Great West
Carefirst Administrator	Guardian
Carefirst, Blue Choice, HMO PPO	Meritain Health <i>GYN Only</i>
PHCS <i>GYN Only</i>	One Net Alliance

HAVE QUESTIONS? Happy to clarify this list, give our Health Educators a call 703 532-2500

- Medicare, Medicaid and federal government insurance plans do not cover abortioncare unless medically necessary.
- First Health Network International is travel Insurance so only covers injury or illness not related to routine gynecological wellness services.
- Carriers we currently **are unable to accept** for abortioncare or gyn services are Cigna - EPO Connect, Golden Rule, Tricare and United Health Care.
- ***If you are not sure if your Insurance Policy includes pregnancy or gynecology benefits, you can call your policy customer service number on the back of your insurance card for clarification.***