



Information about your Medical Services

Surgical 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 or IUD Consultation can be included with your follow-up at the discounted rates or through your insurance. **Follow-ups rescheduled for more than 4 weeks after your 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: \$440 Awake (can drive self) & \$565 "Asleep" (IV sedation, needs ride)

Services available Monday through Saturday

Rh Negative blood factor add \$65

YOUR MEDICAL SERVICES:

1. Explanation of Registration Appointment: *Probable time at center: 1.5-2 hours*

A registration appointment includes completing paperwork, an ultrasound, lab testing, and health education. 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 per Virginia legislation, ultrasound imaging shall be performed a day or more prior to the abortion. The ultrasound helps confirm the gestational age. During the ultrasound 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, review family planning options and answer any questions you may have. Private pay patient pay a fee of \$190 is credited towards the final cost of your procedure. *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*

2. Explanation of Surgical Abortion: *For procedure probable time at center: 2.0-3.0 hours*

In addition to your sonogram, the state legislature requires some information be given to you at least 24 hours before your abortion. **Please read the following information required by the state legislature.** Please discontinue use of any vaginal medications 24 hours before your abortion. We require that you have **someone drive you home** and have **nothing to eat or drink** (including water, smoking, candy or chewing gum) **8 hours** prior to your appointment. 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 again. You will next be given your pre-medications, review your aftercare, schedule your follow-up appointment, have opportunity to ask questions then sign your medical consent for treatment.

You may choose to be awake and aware of your surroundings with medication to aid in your comfort or to be "asleep" unaware of your surroundings with more comfort during the procedure. After a brief pelvic exam the doctor places a speculum to see the cervix. A dilator is used to dilate the cervix and a small canula gently removes products of conception and menstrual tissue with a very gentle suction. The doctor may do a final check with a curette. This is called an "aspiration D&C". You will be in the procedure room approximately 10 minutes.

Continued on Back

After the procedure you will be taken to a patient lounge to monitor your progress. Some women experience light cramps during their recovery. If your lab test indicated you are Rh-negative a medication called Rhogam is required to prevent potential problems in a future pregnancy. The lounge attendant will again review your after-care, confirm your follow-up appointment and assist you with birth control information as you request.

When you feel comfortable, usually after 25-40 minutes, you may be discharged. You will be able to have a light meal and return to your normal activities immediately. 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.

Possible complications:

Although rare, possible complications from surgical abortion include: blood clots accumulating in the uterus, requiring another suctioning procedure, medication or monitoring, (less than 0.2% of cases). Infections, most of which are easily identified and treated if the woman carefully observes follow-up instructions, (0.1%-2.0% of North American cases). A tear in the cervix, which may be self-healing or repaired with stitches (0.6-1.2% of cases). Perforation (a puncture or tear) of the wall of the uterus and/or other organs (less than 0.4% of cases), this may heal itself or may require surgical repair or, rarely, hysterectomy. Missed abortion, which does not end the pregnancy and requires the abortion to be repeated (less than 0.3% of cases). Incomplete abortion, in which tissue from the pregnancy remains in the uterus, and requires a repeat suction procedure, (0.3%-2.0% of cases) or medication or monitoring. Excessive bleeding requiring a blood transfusion (0.02%-0.3% of cases). Death occurs in 0.0006% of all legal surgical abortions (1 in 160,000 cases). These rare deaths are usually the result of such things as adverse reactions to anesthesia, embolism, infection, or uncontrollable bleeding. In comparison, a woman's risk of death during pregnancy and childbirth is ten times greater.

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

4. 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.

5. Probable Gestational Age: Fetal ultrasound imaging shall be performed prior to the abortion to confirm the gestational age by one of our technicians or nurse.

6. The final point of information required by the state legislature to be shared with our patients in advance is the offer to review printed materials they prepared. 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

CONSENT TO TREATMENT, ANESTHETIC, AND RELATED MEDICAL SERVICES
FOR VOLUNTARY INTERRUPTION OF PREGNANCY

1. I request and consent uncoerced and 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 Doula, under the direction and supervision 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 problem reaction to anesthetics. My prior anesthetic reaction was _____ OR (circle) NONE. I consent to the administration of such sedation and pain management deemed necessary or advisable by the physician or sedation provider provided by _____. 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. 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 experienced may include, but are not limited to: reaction to anesthesia or sedation, emotional reactions, hemorrhage, infection, and perforation; very rare: incomplete abortion and continuing pregnancy, these could require additional treatment or a re-evacuation; and an extremely rare complication is 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 aspiration D & C, I consent to the use of related procedures, therapies or additional laboratory studies which my medical attendants deem 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.
4. I have read, understand and will carefully adhere to the 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.
5. I consent to the disposal and/or testing of any tissue that may be removed during the procedure in accordance with the customary and usual medical practice.
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 or 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 FOR ABORTION CARE AND AFTERCARE. 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 THAT 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./Med Professional: _____ / _____

REVIEWED BY M.D. _____ DATE: _____

Falls Church Healthcare Center

900 South Washington Street, Suite 300

Falls Church, Virginia 22046

www.fallschurchhealthcare.com

DISCLOSURE OF ALTERNATIVES, BENEFITS AND RISKS

FOR SURGICAL VOLUNTARY INTERRUPTION OF PREGNANCY

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 specialists to be 14 times greater than the risks associated with an early abortion. Parenthood and adoption has 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 an 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 that 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: A voluntary interruption of a pregnancy by Aspiration D & C is a form of minor surgery which, like all surgery, has certain statistical risks. Medicine and surgery are not exact sciences. 96% of all abortions take place without any complications at all. About 1 in 200 patients may be kept for observation. Complication both minor and major may occur in a very small percentage of cases. *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 and all the medications or drugs you use.*

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

1. **RISK OF INFECTION:** 1 – 3 %. 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. Minor, and very rarely major, infections can occur following this procedure rarely requiring hospitalization. Very rarely an **untreated** infection may lead to loss of ability to have another pregnancy.

2. **RISK OF INCOMPLETE ABORTION:** 1%. Rarely the tissue from the lining of the uterus is not fully removed by the D & C or your bleeding. This happens in a small percentage of the cases but may lead to infection unless therapy is begun.

3. **RISK OF CONTINUING PREGNANCY:** 1 in 500 cases. A woman may still have a pregnancy after a D & C due to multiple pregnancies (i.e. twins); a double uterus or an ectopic pregnancy (pregnancy developing outside the uterus). A failed procedure may be detected at your follow-up evaluation. A repeat procedure may be required. An ectopic pregnancy, difficult to detect, requires additional medication, sonography, laboratory tests or hospitalization. An ectopic pregnancy can be life threatening.

4. **RISK OF LACERATION OR PERFORATION:** 1 in 1,000 cases, very rare. During a D & C procedure, an instrument may tear (lacerate) the cervix or puncture (perforate) the uterine wall. In most cases this is self-resolving or the repair, if needed, is done during the procedure and you will be so informed. Hospitalization may or may not be necessary, depending on the extent of the laceration or perforation. In extremely rare cases this could affect the bowel or uterus such that a hysterectomy would be required.

5. **RISK OF BLEEDING OR HEMORRHAGE:** Most women have some moderate bleeding after an abortion. Rarely is there an incidence of hemorrhage or very heavy bleeding during or shortly after the procedure. This requires monitoring and evaluation. The treatment will depend upon the cause of the bleeding and may require hospitalization and therapies.

6. **RISK OF ANESTHETIC REACTIONS:** Anesthetics do not always eliminate all pain. In a small number of cases anesthesia (local or MAC) may add additional risks: allergic reaction, convulsions, cardiac arrest or prolonged unconsciousness. With anesthesia, transient mental impairment may affect decision-making and ability to operate heavy equipment.

I HAVE 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./Med Professional: _____/_____

REVIEWED BY M.D. _____

DATE: _____



ANESTHESIA, SEDATION, ANALGESIA CONSENT FORM

Patient's Name (please print) _____ Date of Birth _____

I, as the patient or legal representative for the patient, request an anesthesia, sedation, analgesia services for my pending procedure to minimize the pain and discomfort I might otherwise experience. These services may include sedation, regional anesthesia nerve block or analgesia.

Please read carefully

- I understand that all forms of anesthesia involve some risks and no guarantees can be made regarding the results of my procedure, treatment, or anesthesia. Some, but not all, of the common risks of anesthesia are headache, sore throat and hoarseness, nausea and vomiting, muscle soreness, injury to the eyes/visual loss, and incomplete or inadequate nerve block requiring conversion to another method.
- In addition, instrumentation to safely protect my airway might unavoidably result in dental damage including fracture or loss of teeth, bridge work, dentures, crowns, fillings and or damages to the lips and gums.
- I understand that more serious risks are extremely rare in the Falls Church Healthcare Center setting but they may include, but not limited to, changes in blood pressure, bleeding, infection, drug reaction, nerve injury, awareness under anesthesia, cardiac arrest, brain damage, paralysis, stroke, or death.
- I understand that, while receiving anesthesia, conditions may develop that would require invasive monitoring or further anesthetic intervention in order to provide for my health and safety.
- I understand that my care will be provided either directly by the attending anesthesiologist or CRNA (Certified Registered Nurse Anesthetist), under the direction of Falls Church Healthcare Center's Medical Director or assigned.
- As required by the Virginia Code 5-412-160, a list of medications, drugs, and their benefits and risks used for your anesthesia and care is to be available.

MONITORED ANESTHESIA CARE WITH SEDATION	Expected result: Reduce anxiety and pain, partial or total amnesia. Technique: Drug injected into blood stream, or by other routes producing a semi-conscious state. Rare Risks: An unconscious state, depressed breathing, injury to blood vessels.
REGIONAL ANESTHESIA WITHOUT SEDATION	Expected result: Temporary loss of feeling and/or movement of regional area. Technique: Drug injected into cervix or the area to be treated. Rare Risks: Infections, convulsions, persistent numbness, residual pain, injury to blood vessels.
MONITORED ANALGESIA	Expected result: Reduced pain. Technique: Analgesia injected into blood stream producing totally relaxed state. Rare Risks: Depressed breathing, changes in blood pressure, and chest rigidity.

Patient or Legal Representative Certification

I have disclosed any prior adverse reactions to anesthesia and have disclosed my allergies. I hereby consent to have anesthesia, sedation, analgesia and authorize that it be administered by licensed Anesthesia Clinicians at Falls Church Healthcare Center. I also consent to alternative types of anesthesia, if necessary, as deemed appropriate by them. I understand the contents of this document, agree to its provisions, consent to the administration of anesthesia, and I am knowledgeable of its risks and benefits. I have been given the opportunity to ask any questions I may have. All of my questions have been answered satisfactorily.

_____ Signature of Patient	_____ Date	_____ Initials of FCHC Witness	_____ Date	_____ Time
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Anesthesia Clinician Attestation

I have reviewed the procedure(s), alternative(s) and risks with the person who has signed above. The patient or their legal representative has told me that they understand the above consent.

Signature of Anesthesiologist or CRNA or Doctor Obtaining Consent

Date & Time

Interpreter Attestation

I have provided translation to the person who has signed above.

Signature of Interpreter

Date & Time

PRE-OPERATIVE MEDICATION PATIENT ADVISORY

PLEASE READ, INITIAL, AND RETURN TO RECEPTIONIST.

Thank you for choosing Falls Church Healthcare Center for your services. This information tells you about medications you will take at your next appointment. These pre-operative medicines can increase your comfort and safety during your Aspiration D & C abortion care. ***There is no additional fee for these medications. You will be able to discuss these medications with the nurse today during your ultrasound services.***

About the Pre-medications: MISOPROSTOL gently relaxes your cervix to safely increase your comfort during an aspiration D & C abortion and prevents heavy bleeding. Some women experience period like cramping and or spotting while waiting; you will be given a sanitary pad. There are no major side-effects of Misoprostol, minor side-effects can include nausea and rarely diarrhea.

Antibiotic prophylaxis may be used pre-procedure for in house aspiration abortion. The risk of infection is less than 0.5%. Some side effects may be headache, diarrhea, nausea, or rash.

TODAY: After laboratory services the nurse will review your medical history to verify if Misoprostol use or an antibiotic is appropriate for you. Please advise the nurse of any drug allergies, medical conditions or concerns you may have when you have your sonogram. **You may not be eligible for Misoprostol if you have cardiovascular disease, inflammatory bowel disease or are breastfeeding.** Then your ultrasound will be completed.

AT YOUR NEXT APPOINTMENT: The pre-medications will be given. **If you are uncertain whether you want to proceed with the voluntary interruption of your pregnancy then you should not take these recommended pre-medication because you may not be able to successfully continue this pregnancy once you take the medicines.** You may have some minor cramping and/or mild nausea after you take the medicines. If that occurs please advise the receptionist.

I certify I have read and understand the nature and purpose, benefits and risks of the pre-procedure medication Misoprostol and an antibiotic. I certify that I have discussed my medical history. I understand I will have another opportunity to ask questions prior to taking the Misoprostol or the antibiotic.

Printed Name _____ Patient initials _____ Date of Birth _____ Today's Date _____

Staff Use Only ☐ Consult Dr. ☐ Patient not qualified for pre-medications because: _____

SONO: ☐ Not Breast Feeding ☐ No reported/treated cardiovascular disease ☐ No reported IBD ☐ HGB WNL ☐ No complications with other pregnancy or delivery
☐ NKDA Allergies: _____ ☐ Patient cleared for administration of pre-medication

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: _____



Procedure Aftercare

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

What Can I Expect At Home?

Bleeding: You can experience bleeding that lasts for 5-7 days, then experience spotting that lasts for a week or more.

The amount of bleeding will vary for each woman. For some women, the bleeding stops and starts for a few days at a time. Other women may not have bleeding at all. It is normal to pass clots while bleeding. Spotting could persist until your next menstrual cycle.

Cramps: Many women experience cramping similar to their menstrual cycle cramps.

If needed, you may take over the counter medications containing ibuprofen, naproxen or acetaminophen to help with discomfort. Take these medications according to manufacturer's instructions.

Change in Hormones: Your body will be undergoing some changes due to the gradual decrease in the pregnancy hormones.

Pregnancy symptoms usually subside within 10-14 days.

<u>What do I need to Avoid?</u> <ul style="list-style-type: none">• Avoid driving for 24 hours (if you had IV sedation)• FCHC suggests refraining from sexual activity for the next 7 days.• Pads should be used after your procedure to monitor bleeding. FCHC suggests you avoid tampons or menstrual cycle cups until bleeding has slowed down and you are only spotting.• Do not use vaginal medications or suppositories unless you have checked with your physician.• Do not douche.	<u>What should I do to recover quickly and easily?</u> <ul style="list-style-type: none">• Return to your normal activities as soon as the next day. You do not need bed rest.• You may shower and take baths.• If you experience cramping, applying heat or a cold pack may help. Use a heating pad on your abdomen or lower back. You can also massage your abdomen to relieve discomfort. Regular walks and light exercise could help decrease cramping as well.• Sometimes with strenuous activity (like heavy lifting and exercise) your bleeding may increase. This doesn't happen for everyone. This is normal.
<u>Additional Important Information:</u> <ul style="list-style-type: none">• You should have your period 4-8 weeks after the procedure.• It is possible to become pregnant before your next period.• A urine pregnancy test may show a positive reading up to a four weeks after your procedure. This may be due to the gradual decrease in the pregnancy hormones. Call us if you have concerns.• We provide a discounted rate for continuing your gynecologic healthcare needs with us (see below).	<u>Call us if you have any concerns or:</u> <ul style="list-style-type: none">• If you have a temperature of 100.4 or higher• Experience severe cramping or pain not helped by medication• Experience very heavy bleeding (soaking a maxi pad every hour for two hours in a row)• Experience vomiting or diarrhea that persists for 24 hours• Do not have your period within 8 weeks of your procedure or if pregnancy symptoms persist.

For the health of our patients, staff and community the Falls Church Healthcare Center will be conducting follow-up assessments via phone at this time.

**Complete your follow-up appointment by
calling 703-532-2500 on: _____**

Please Note: Completing a urine pregnancy test prior to calling will help our nurse in your follow-up assessment.

We offer comprehensive gynecologic services! Schedule your next appointment with us

STI/STD Testing	Annual Well Woman Exams/ Pap Smears	Colposcopy
Breast Exams	Birth Control Services (including IUD/Nexplanon)	Abortions care
Laser Procedure	Interim Pre Natal Care	and more!



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.***