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Dear Patient,

Thank you for choosing Palm Coast Women's Center for your **ANNUAL WELL WOMAN EXAM**. Please check with your insurance company to make sure this exam is covered by your particular plan. Your insurance company **MAY** deny coverage for your **ANNUAL WELL WOMAN EXAM** unless otherwise stated in your insurance contract. If you do not have coverage for an **ANNUAL WELL WOMAN EXAM**, you will be financially responsible for this visit.

If a health concern or problem is detected during your **ANNUAL WELL WOMAN EXAM**, your insurance carrier **MAY** require a referral from your family physician before we can address this concern or problem.

You will be asked at your visit which clinical lab you would like you pap smears, cultures, and blood work to be sent to. It is important that you **CHECK YOUR INSURANCE POLICY** to see which lab they participate with as this may change from time to time. If the lab you choose is not participating with your insurance company, the lab will directly bill you and you will be responsible for payment to that lab.

Should you have any questions, please do not hesitate to ask the receptionist. We're happy to help.

Thank you.

**I have read and understand the above statement.**

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

*The Care You Need. The Compassion You Deserve.*