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### Office Policies

- New patients must arrive 20 minutes prior to your appointment time with completed paperwork, photo ID and their insurance card. New patients arriving after their appointment time will be rescheduled and a \$50 "no-show" fee will be applied. The 15-minute grace period does not apply to new patients.
- Established patients: Our office will do everything we can to honor a grace period no longer than 15 minutes. This does not mean we can guarantee you will be seen, circumstances such as the doctors schedule and emergencies may affect whether we can honor such grace period.
- Self-Pay patients: Will have a \$100 deposit due at time of scheduling. This deposit will apply towards patient's visit; if patient cancels, reschedules, or no shows same day, deposit is nonrefundable.
- Unfortunately, we cannot allow food or drinks in our lobby due to numerous spills. We appreciate you putting your food/drinks away while you are here for your visit.
- While we value family support, we hope you understand that guests will not be permitted in our office.
- We request that patients call 24 hours in advance to cancel or reschedule your appointment. Failing to contact the office will be considered a "no-show" and will result in a \$50 fee and may result in your dismissal from our practice. OB patients with more than 2 "no-shows" will be discharged from our care for non-compliance.
- If you are a patient that requires a service animal, you MUST notify our office before coming in so we can accommodate all patients.

\_\_\_\_\_ I have read and understand the financial policies and my responsibilities listed above.  
(initials)

### Financial Policy

Payment for services not covered by your insurance plan and any out-of-pocket expenses are **due at the time of service**. Self-pay patients are expected to pay a \$100 deposit at the time of scheduling, and remainder balance will be due at check in (see Self Pay Agreement). Our office collection policy supersedes any other contract language or statements in managed care contracts or other insurance policies. We accept checks, cash, debit cards: Master Card, Visa, Discover, and American Express. Returned checks and balances older than 60 days may be subjected to an additional collection fees and interest charges of 1-2% per month. Charges may also be made for appointments canceled without 24-hour notice. **Any surgeries that are canceled within 10 days of surgery, or patients that no-show for their pre-op appointment will be subject to a \$250 cancellation fee.**

AWH files insurance claims for all members within one of our managed care plans. We do not file claims on insurance plans that we do not participate with or on new insurance that we have not had an opportunity to verify in advanced of your appointment. Patients with insurance should understand that:

- Your insurance is a contract between *you, your employer, and the insurance company*. We are not a party to that contract.
- We will file your insurance for plans in which we participate, only if we have the necessary information to verify your benefits 48 hours prior to your appointment and you present your actual card upon arrival. **We do not verify insurance benefits on the same day as your appointment, so you will be asked to self-pay or reschedule.**
- Our fees are generally considered to fall within the acceptable range of usual and customary by most companies and therefore, are covered up to the maximum allowable determined by each carrier.
- Not all services are a covered benefit in your contract. Some insurance companies arbitrarily select certain services they will not cover or may set maximum limits. Such services include laboratory charges, sonograms, injections, and in office procedures, etc. You will receive a separate bill for these services as they are the patient's responsibility. Our billing team is happy to answer any questions you have about a bill and can be reached at 214.238.7808.

*We must emphasize that as a medical care provider, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. It is understood that temporary financial problems may affect timely payments of your account. If you have any questions regarding the above information, please do not hesitate to ask.*

-For any reason if AWH over collected on services administered please allow up to 6 months before receiving a reimbursement check. This will allow for the credit to be approved by our billing company to then be able to cut a refund check.

-AWH does not offer payment plans for services rendered.

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\_\_\_\_\_ I have read and understand the financial policies and my responsibilities listed above.  
(initials)

### Notice of Privacy Practices

To our patients: This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and accountability Act of 1996 (HIPAA).

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information:

#### **Use and disclosure of your health information in certain special circumstances.**

The following circumstances may require us to use or disclose your health information:

1. To the public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order
3. If required to do so by a law enforcement official

4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities
6. To federal officials for intelligence and national security activities authorized by law
7. To correctional institutions or law enforcement officials you are an inmate or under the custody of a law enforcement official
8. For Workers Compensation and similar programs

**Your rights regarding your health information**

1. Communications. You can request that our practice communication with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request: however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit a signed and dated request to:  
Dr. Sigman, Heintges, Harms, & Reyes  
12201 Merit Dr #350  
Dallas, Texas 75251
4. You may ask us to amend your health information if you believe it is incorrect or incomplete and as long as the information is kept by or for our practice. To request an amendment, it must be made in writing and provide us with a reason that supports your request for amendment and submitted to:  
Dr. Sigman, Heintges, Harms, & Reyes  
12201 Merit Dr #350  
Dallas, Texas 75251
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Private Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, contact out front desk receptionist.
6. Right to file complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our office manager at 214-238-7809.
7. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

\_\_\_\_\_ I understand I have a right to review the AWH's Notice of Privacy Practices prior to signing this document. The practice's Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the clinic. The Notice of Privacy Practices also describes my right and the practice's duties with respect to my protected health information.

**Consent for Purposes of Treatment and Assignment of Benefits**

- I hereby consent and authorize AWH to diagnose and treat me based on their professional, medical opinion. I have the right to revoke this consent, in writing, at any time, except to the extent that the practice has taken action in reliance on this consent.
- I consent to the use or disclosure of my protected health information by Drs. Sigman, Heintges, Harms, & Reyes (AWH) for diagnosing or providing treatment to me, obtaining payment from insurance companies or to conduct health care operations of the practice.
- I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment, or healthcare operations of AWH.
- I understand that AWH office charges do not include any lab work. I am responsible for any lab charges, including biopsies, sonograms, pap smears, etc.
- My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.
- I hereby authorize and assign all payment and/or insurance benefits for medical services and/or surgical procedures to AWH. I understand that I am responsible for all charges not covered by my insurance plan.

\_\_\_\_\_ I have read and understand the above consents regarding my medical treatment.  
(initials)

**My signature below indicates that I have read and understand all the information above, and a copy is available to me upon request.**

**PATIENT NAME (PLEASE PRINT)** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

**SIGNATURE OF PATIENT** \_\_\_\_\_ **TODAY'S DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)



### Policy on Children in the Office Suite

We ask that you please make accommodations for your children prior to arriving for your scheduled appointments, unless it is your child who is scheduled for the appointment. We do not allow children into the back office or exam rooms, and do not want children left unattended in the waiting area. There are reasons for this.

The first, and primary reason, is that when we are discussing the health of our female patients, it is imperative that the physician feel as though they are in an environment they can safely discuss any medical issue. It may feel safe for you to have anything discussed in front of your child; however, it may not be something the physician is comfortable with.

The second, is this office strives to ensure the satisfaction of all patients. Since we do not allow children into the exam rooms, there is nowhere for them to wait except in the presence of other adults. Although some children are capable of sitting in the waiting area without supervision, there are many who are not. We do not want to make that distinction so this policy applies to all ages. The exception will be for newborn infants up to 6-months due to the attention they require for feeding.

Third, and although rare, there are emergencies that occur. This office is designed to cater to female adults and during an emergency, the safest protocol is to attend to the matter at hand.

This policy applies to all types of appointments and does not have an expiration date. Please respect this policy to avoid the necessity to reschedule.

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Signature

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Date

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Printed Name

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DOB



## IN-OFFICE LABORATORY PROVIDER

Dear Valued Patient,

We are so happy you are choosing Advanced Women's Healthcare as your gynecology and obstetrics providers. We hope to continue to provide valued care to you for years to come. As a convenience to all of our patients, we have a lab draw provider on-site. Please know they are not employed or financially connected to Advanced Women's Healthcare. What this means to you: should we order labs for you through our office and you have them drawn with our on-site phlebotomist, the charges are between you, the laboratory - Clinical Pathology Laboratories (CPL), and your insurance company.

As you may be well aware, insurance companies are strict on what they will cover at your visits. This is based on the type of plan you have with your insurance companies. Often, insurance companies will include basic bloodwork at a well/preventative visit; a complete blood count, a complete metabolic panel, and a lipid panel, for instance. They will not cover every single lab, even if they seem important to your health. When coming in for a problem visit, many plans will apply the laboratory services toward your deductible, or only a portion of your labs may be covered. Some insurance plans have preferred laboratory providers who may not be the laboratory company we have in our office. Again, it depends upon your benefit plan.

If you schedule a well woman/preventative visit, but choose to discuss additional problems that fall outside of what your insurance company deems a "well/preventative" visit, your provider might potentially charge an additional fee, depending upon complexity or time spent evaluating the problem. The purpose of this is to ensure that everything documented in your chart is communicated appropriately to the insurance company. What this means to you: you may be charged an additional amount at the time of service.

Lab results are available through the portal. You may view them there and send through the portal any questions or concerns you may have. If your results are normal, your provider may not send a separate message or reach out to you regarding your labs, but you may always contact our office.

We encourage you to be aware of your benefit plan coverage to avoid any unexpected charges or patient liability. Please feel free to contact our office if you have any questions.

Thank you!  
AWH Providers and Staff

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Patient Name

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Date

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Patient Signature

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DOB



## ATTENTION PATIENTS

### **Advanced Women's Healthcare is moving to paperless statements effective March 17, 2025**

To all valued Advanced Women's Healthcare patients,

In an effort to reduce cost, streamline billing, and expedite notification of patient liability for services provided by Advanced Women's Healthcare, PA, our office is transitioning all billing statements from paper to paperless (electronic) communication.

Effective March 17, 2025, Advanced Women's Healthcare will be transitioning to paperless (electronic) statements, billing notices, and notifications. These will be received through your patient portal.

What this means to you: patients will receive weekly, bi-weekly, and/or monthly statements via the patient portal for amounts due to Advanced Women's Healthcare for service provided.

**Paper billing statements will no longer be sent.**

This includes current amounts due, past amounts due, and notification of account being sent to our collection agency.

It is imperative that you know how to access your portal to view any notifications, billing statements, or other communication from our office. This office routinely utilizes the patient portal to communicate with our patients about many things; such as lab results, upcoming surgeries, or answer clinical questions posed by our patients, physicians and/or clinical staff.

Some patients opt out of being notified when there is new information posted in the patient portal. If you turn off these notifications, and you do not log in regularly to check for communication from our office, you may miss important information.

To acknowledge receipt and understanding of this transition, please sign and date below. If you have any questions or need assistance with accessing your portal, please reach out to our front office.

Thank you.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date