

Atlanta Minimally Invasive Gynecological Surgical Center, LLC
105 Collier Road, N.W., Suite 1010
Atlanta, GA 30309
Phone: (404)355-4885
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NATHAN MORDEL, M.D.

PATIENT: _____

Birthdate: _____ **Date:** _____

Insurance issues, requirements and coverage are ever changing, and we are making every effort to eliminate payment denials before they occur. Your insurance plan may or may not cover routine (preventive) care. We are legally obligated to assign procedure codes based on the service provided to you, whether it be an "annual physical", a visit to take care of problems, or both. *Based on the kind of coverage you have, SOME (OR ALL) of this cost may have to be billed to you.*

Please keep in mind, while the appointment may have been just for the physical or just for problems, if we do both kinds of service on the visit, then both services may be billed.

Billing is based on the intent of the visit up front; consequently, we cannot change the coding later to cause the insurance company to pay for a non-covered service.

Please indicate below the purpose of your visit as you understand it. We thank you for taking the time to complete this form. We are making every effort to comply with governmental rules, and the rules of all insurance plans, for claims submission. We appreciate the help of our patients in this endeavor.

_____ **Annual Physical** _____ **Problem(s)** _____ **Both**

Patient's Signature

**Specializing in
Women's Health Care**