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Key Policies and Procedures

Laboratory Services:

AllCare for Women, LLC is contracted with all laboratory facilities in Nevada. These include Aurora Diagnostics (LMC), CPL, LabCorp, and Quest Diagnostics. It is patient responsibility to know which laboratory their insurance company prefers. AllCare for Women, LLC does not have access to specific benefits for laboratory services for each insurance company and the contracts it has with each preferred laboratory. Although AllCare for Women, LLC makes every effort to stay up to date with specific information regarding cash pay pricing for services performed at select laboratories, AllCare for Women, LLC staff cannot offer pricing quotes. AllCare for Women cannot be liable for charges incurred from laboratory services. If there is a concern about billing, AllCare for Women, LLC encourages you to first call your insurance company to confirm validity of the bill. After this is done, contact the laboratory directly for clarification. AllCare for Women, LLC has limited abilities to assist with billing inquiries or laboratory charge disputes.

Release or Transfer of Medical Records:

All medical record releases or requests for medical record transfers will be handled within 7- 10 business days from the date your request is received. If a patient wishes to pick up the records in person, there is a \$0.20 charge per page for this service. It is a professional courtesy for AllCare for Women, LLC to send medical records directly to another medical facility. There is no charge for this professional courtesy. There is still a 7- 10 business day processing time frame from the date of receipt of the request. It is the patient's responsibility to fill out a release of information form indicating the party of release and contact information of said party.

Co-Pays, Coinsurance, Deductibles:

Co-pays, coinsurances, and deductibles are patient responsibility according to the specific medical services plan with their individual insurance companies. Although AllCare for Women, LLC makes every effort to obtain this specific information for each patient, at each visit, these rates are never guaranteed until the claim is processed. It is the patient responsibility to obtain specific co-pay, coinsurance, and deductible amounts, if applicable, for their visits.

Patient Name (print): _____ DOB: _____

Patient Signature: _____ Date: _____