



**WOMEN'S EXECUTIVE HEALTHCARE, P.C.**  
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**A Division of Mid-Atlantic Women's Care, PLC**  
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**Newport News, Virginia 23606**  
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**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

By signing below, I am acknowledging that I have been provided with a copy of Mid-Atlantic Women's Care Privacy Notice pursuant to the Federal regulation known as the HIPPA Privacy Rule.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

**INSURANCE DISCLAIMER**

As a courtesy, we will submit your claim for all services to your insurance company. Please remember your individual health insurance policy is a contract between you and your insurance company, and we are not a party to that contract. Be aware that some of our services may not be covered by your insurance policy. By presenting for care, you agree that you're responsible for all services and charges, regardless of your insurance status. Should any provided services not be covered by your insurance, we will not alter your claim, change your diagnosis, or report a different service than what was performed in order that your insurance will cover the charge; you will be responsible for the balance.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date