

Capital Women's Care Howard County
7625 Maple Lawn Blvd, Suite 1
Fulton, MD 20759

Dear Medicare Patient,

Welcome to our office. We would like to take this opportunity to explain to you your Medicare billing for your annual preventative GYN examination.

Reimbursement by Medicare for the screening of cervical and vaginal cancer (pap smear) and pelvic and breast exam does not include examination of any area other than the breast and genital area. It does not include history taking, patient counseling (e.g., menopause, osteoporosis, diet, etc.) or medical decision making (e.g. renewal of prescriptions, evaluation a minor problem at the time of the exam).

Therefore, your visit is "split" into two portions; the part that Medicare may cover every two years and the part that you will always be responsible for (at a reduced fee). Every year Medicare will be billed for the portion of your exam that they may cover and the portion of your exam that they never cover. Whatever portion of the bill Medicare denies will go to your secondary insurance. Some years you will ultimately be billed for your entire visit and some years you will be billed only the portion that Medicare does not consider.

Medicare may pay for your pap smear every year if you are considered at higher risk for vaginal or cervical cancer. Please circle any of the high risk factors listed below that apply to you and we will include this in your medical record and bill Medicare with this high-risk diagnosis.

High Risk Includes:

- Onset of sexual activity under 16 years of age
- Five or more sexual partners in a lifetime
- Personal history of specified diseases
- Absence of three negative pap smears
- History of HIV
- Absence of any pap smears within the previous seven years
- Prenatal exposure to diethylstilbestrol (DES), commonly referred to as a DES daughter

Patient Signature _____ Date _____