

Woman to Woman
Obstetrics and Gynecology Associates

Casandra Hicks Autry, M.D., F.A.C.O.G.
Board Certified Physician

ANNUAL EXAM WAIVER

I understand that I am presenting myself in the office today for an annual preventative medicine examination which includes a comprehensive age and gender appropriate history, pelvic and breast examination, counseling/anticipatory guidance/risk-factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures, including a pap smear. While many insurance companies cover this, I have been informed that some insurance companies do not. If my insurance company does not pay Woman to Woman Obstetrics and Gynecology Associates for the annual exam being performed today I understand that any charges incurred during my exam will be my financial responsibility. By willingly signing below I am agreeing that I have read and understand the above statement and agree to the terms.

Patient Signature _____ Date: ___/___/___

Patient Printed Name _____