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ANNUAL VISIT CONSENT

Patient's Name	Patient's Date of Birth
You have scheduled your visit today as an annua well woman exam). Most insurance companies considered health check. This includes a general history and physexamination, and pap smear if eligible. It also includes cancer screenings, allergies, and medications. This conditions, refill of certain medications, or evaluation/treatered.	der the preventative exam to be a screening sical, blood pressure check, breast and pelvics a <u>review</u> of any new diagnoses, surgeries, DOES NOT include management of chronic
If you qualify for a preventative visit, most insurative approved amount, and there should be no financial r	•
NOTE: If you have new or chronic problems addressed Visit, the problem will be billed under a separate code. office visit charges not covered under your insurance.	You will be financially responsible for the
I UNDERSTAND THE INFORMATION PRESENTED AI TO HAVE ALL OF MY QUESTIONS ANSWERED.	BOVE AND HAVE HAD THE OPPORTUNITY
Patient's Signature	Today's Date