

**COVERED SERVICES DURING A WELL WOMAN VISIT (PREVENTIVE) VISIT.**

**Women's Preventive Services Guidelines Supported by the Health Resources and Services Administration**

<b>Type of Preventive Service</b>	<b>HHS Guideline for Health Insurance Coverage</b>	<b>Frequency</b>
<b>Well-woman visits.</b>	Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate. This well-woman visit should, where appropriate, include other preventive services listed in this set of guidelines.	Annual, although HHS recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.
<b>Human papillomavirus testing.</b>	High-risk human papillomavirus DNA testing in women with normal cytology results.	Screening should begin at 30 years of age and follow appropriately.
<b>Counseling for sexually transmitted infections.</b>	Counseling on sexually transmitted infections for all sexually active women.	Annual.
<b>Counseling and screening for human immune-deficiency virus.</b>	Counseling and screening for human immune-deficiency virus infection for all sexually active women.	Annual.
<b>Contraceptive methods and counseling</b>	All Food and Drug Administration approved contraceptive methods, sterilization procedures & counseling	As prescribed.
<b>Breastfeeding support, supplies, and counseling.</b>	Comprehensive lactation support and costs for renting breastfeeding equipment.	In conjunction with each birth.
<b>Screening for interpersonal and domestic violence.</b>	Screening and counseling for interpersonal and domestic violence.	

For more details please visit <http://www.hrsa.gov/womensguidelines/>

**If you have any other problems which need to be addressed, you may be asked to come for another evaluation and/or the insurance may apply the billed services to your deductible or co-insurance as per your plan.**

**WALK IN GYN CARE PC**

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I have hereby been notified that only the above listed services are covered under my "well visit". Any additional services requested or provided during the well visit (annual visit) will be billable and will be subject to co pay or deductible as per the contract with my insurance carrier.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_