



Dear Patient,

Thank you for choosing Harbour Women's Health. You have made a choice to join a group that strives to provide the best in women's health care. We are dedicated to helping patients in a comfortable, non-judgmental environment with an atmosphere of mutual respect and trust. Harbour Women's Health provides broad spectrum obstetrical care and gynecological care that is both innovative and evidence-based. Our knowledge is shared and transparency is sought with an emphasis on safety, we develop continuous healing relationships by working in partnership with you. Our goal is to improve the health of all patients through early teens to menopause years and beyond.

Our practice emphasizes preventative care and is concerned with your total well-being. If complementary medicine is part of your health care philosophy, you'll find our practice supports this choice.

In addition to the consults offered by our physicians and our nurse practitioners; Harbour Women's Health provides many additional services including: ultrasound service; *accredited through the American Institute of Ultrasound in Medicine (AIUM), and in-office surgical procedures. In addition we offer educational seminars and workshops for our community.*

Harbour Women's health strives to run on time, but sometimes running late cannot be avoided as we are doing the best we can to care for each and every patient's needs. Some ways you can help the providers run on time is by arriving fifteen minutes prior to your appointment time for check in and completion of paperwork. During your first appointment with our office, please bring your photo ID and insurance cards.

As an effort to provide better communication between providers and patients, we invite all patients to join our patient portal. Our front desk staff will be happy to assist you in signing up for the patient portal. The portal lets you send messages to your provider, view lab results, visit summaries and more.

Our office hours:

8a.m. – 5p.m. Monday through Thursday

8a.m. through 12:30p.m. Friday

Please be aware our phone lines close 30 minutes prior to office closure.

Please let us know if you require any special services, such as an interpreter or other special needs when you schedule your appointment.

HARBOUR WOMEN'S HEALTH



Calling with medical concerns? Whenever you have a medical problem or concern during office hours, please feel free to contact our office. Our staff can answer many of your questions and will help you decide whether you should come in to see your provider. If you leave a message in our nursing staff's voicemail box – they will be sure to return a call to you the same day. Messages received via the patient portal will be returned within 1 business day. If your problem is urgent – please advise the switchboard operator and she will get you immediate assistance.

When you call for a prescription refill, our switchboard operator will connect you to our Prescription Phone Mailbox. Our clinical staff listens to this line many times daily and will communicate with your pharmacy as quickly as possible. You can expect your pharmacy to receive the refill orders within 48 hours.

If, in an emergency, you need to reach us after hours such as nights, weekends, or holidays, call (603) 431-6011. The answering service operator will page the Physician on call. As pagers are not infallible, please repeat your call if you have not heard back from someone within 20 minutes.

Tests and test results: The frequency of scheduled lab work, blood tests and diagnostic screening is based on your age and risk factors. Any or all of these tests may not be necessary at every exam. Please talk to your provider about the frequency appropriate for you.

We will not routinely call with most NORMAL results of lab tests. You will receive information by our patient portal to inform you of your normal results within three weeks. We will call you as soon as possible with any ABNORMAL results. If you require the results of any specific tests prior to receiving the notification; then you may call our office, giving us 7-10 days to receive your results.

Office Staff: All of us at Harbour Women's Health work as a team to ensure that you receive the best possible care and service. Our staff members are here to answer your billing and health insurance questions, as well as schedule your appointments. Our nursing staff is available to help you with medical questions or concerns. Please inquire through our patient portal or our switchboard operator- we will connect you with the staff member who can best meet your needs.

Once again, thank you for entrusting Harbour Women's Health with your health care. We look forward to working with you now and in the years ahead to maximize your health and well-being.

Sincerely,

The Staff of Harbour Women's Health

Insurance and Payment Policies

We are sorry that we must ask you about your insurance coverage up front. We would certainly prefer to concentrate only on patient care. When we contractually agree to participate with an insurance company it requires us to follow specific procedures and guidelines with their company. We may be required to do pre-authorization for certain procedures, obtain a referral prior to your visit, ect. In order to meet these insurer requirements, we have no choice but to get information from you before you are seen. Thank you for your patience

Patient payment responsibility is required upon check-in at the front desk the day of your appointment unless previous arrangements have been made with our billing department. Our scheduling or billing staff would be happy to assist you with approximate cost for services. *Currently, Harbour Women's Health accepts cash, checks Visa, MasterCard and Discover as payment for services.*

Office Visit Policy

We have contractual agreements with the following insurers and will bill your insurance for you.

National Blue Cross Blue Shield Plans	NH Medicaid
Federal Blue Cross Blue Shield	Tricare (Standard)
Anthem HMO Blue of NH/NE	Medicare
Anthem Blue Choice of NH/NE	Aetna Healthcare
Harvard Pilgrim Healthcare	One Health Plan (PPO)
United Healthcare	Cigna
Martin's Point	

If you are covered by an insurer not listed above, payment is expected at the time of service. You will be provided with billing information to submit to your insurance company. If you require our office to send lab specimens to a certain pharmacy that contracts with your insurance company – **please alert the clinical staff at the time of your visit.**

Medically Necessary Surgery / Procedure Policy

Examples of this type of procedure include colposcopy, endometrial biopsy, cryosurgery, LEEP, sonohysterogram, and hysteroscopy. If you are covered by insurance, whether or not we contract with them, we will bill your insurer for any service over \$250.00. If we do submit your claim to your insurance company we will contact your insurer for the estimated patient payment responsibility and we will expect this payment portion prior to your service.

If you are not covered by one of these insurers, we must ask for 100% payment at the time of service for procedures with a charge under \$250.00. We will provide you with claim information so that you may submit the service to your insurance company for reimbursement.

If you have any question you may contact our billing department. They will be happy to assist you.

If you have no insurance and are experiencing economic hardship, please call our billing department prior to your scheduled appointment to arrange a payment plan.

Please see reverse side for more information

HARBOUR WOMEN'S HEALTH



Elective Procedure Policy

Some examples of elective procedures are infertility treatments, Implanon insertions, IUD insertions, laparoscopic tubal ligations, newborn circumcision, and some Urogynecologic services. Many insurers do not cover elective procedures, and when they do, payment varies widely from insurer to insurer. If you are considering an elective procedure please call your insurer to review your policy, then call us to request payment information from our billing department.

Refund Policy

Occasionally, an insurer may pay more than originally estimated for a given procedure and you may be due a refund on your personal payment. You can expect a prompt refund for any overpayment over \$50.00 once your insurer reimburses Harbour Women's Health. Any refund due you of \$50.00 or less will be kept on your account as a credit toward future services, however we are happy to send you immediate reimbursement upon request.

Referral Policy

All insurers do not require a referral for yearly visits or obstetrical care. There are a few insurers that will require a referral for other visits. Please notify your insurer or your primary care provider to clarify your need for a referral for specific services. We must receive the referral prior to the day of your visit. If a question should arise in regard to whether or not your referral is in place, you may contact our front office staff.

"Usual and Customary Reimbursement"

Some insurers (with whom we do not have contracts) will not reimburse you for our full fee, based on what they call "Usual and Customary Charges". This is a way in which some insurers further reduce costs and we do not base our fees on their "Usual and Customary" discounts. If your payment is reduced in this way; we sympathize with your frustration but must bill our set fees.

A Note About Missed Appointments

We keep a waiting list for patients, some with urgent problems, hoping to get an earlier appointment. If you find you cannot keep your scheduled appointment, a call at least 24 hours in advance will allow us to offer your appointment to another patient. We must charge for appointments missed without 24 hours' notice. Thank you for your understanding.

Our office is always happy to help you with any concerns you have regarding the care and service you receive from Harbour Women's Health. However, since there are hundreds of insurers, each with many different types of programs, we can, however, be of little help answering questions or complaints about your insurance coverage. In addition we cannot be responsible for knowing what your insurance will pay for services. Please call the Customer Service number on the back of your insurer ID card to find out your insurance coverage or to express your concerns with your insurance company. You should also share your concerns with your employer.



**Consent to Treat, Use Protected Health Information
For Treatment, Payment and Health Care Operations and Healthcare Payment Responsibility**

**THIS DOCUMENT MAY NOT BE ALTERED IN ANY WAY
If you have questions about this document, please ask the front desk.**

I consent to diagnosis or treatment of me by any provider of Harbour Women’s Health.

I consent to allow Harbour Women’s Health to use or disclose my protected health information for treatment, payment and health care operations.

- ❖ Treatment means the provision, coordination, or management of health care and related services by one or more health care providers.
- ❖ Payment means the activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care
- ❖ Health care operations means conducting quality assessment and improvement activities; review the competence or qualifications of health care professionals; underwriting, premium rating, and other activities related to health insurance contracts; medical reviews; legal services; auditing functions; and business management and general administrative activities of Harbour Women’s Health.

I consent to allow Harbour Women’s Health to disclose my protected health information for treatment activities of another health care provider.

I consent to allow Harbour Women’s Health to disclose protected health information to another covered entity or to another health care provider for the payment activities of the entity that receives the information.

I consent to allow Harbour Women’s Health to disclose protected health information to another covered entity for health care operations activities. The disclosure must be for treatment, payment, or other health care operations or for the purpose of other healthcare applicable laws.

I hereby assign to Harbour Women’s Health all payments for medical services rendered to my dependents or myself. I understand that I am responsible for any amount not covered by my insurance.

I have read and I understand the above information.

Name of patient _____
(Please Print)

Signature of Person Authorizing Consent Date

Relationship to Patient

HARBOUR WOMEN'S HEALTH



Date: _____

Last Name _____

First Name _____

Previous Name _____

Address _____

City, State, Zip _____

Date of Birth _____

Social Security Number _____ (for medical records purposes)

Gender Female Male Transgender

When we call you, please indicate YES or NO, whether we may leave private messages identifying ourselves	Brief Message Only		Extended Message	
	My Home Phone Number is:	Yes	No	Yes
My Cell Phone Number is:	Yes	No	Yes	No
My Work Phone Number is :	Yes	No	Yes	No

Where do you work? _____ Work Address: _____

Primary Care Physician (First & Last Name) _____

PCP City, State: _____

Your Emergency Contact's Name: _____

Their Phone Number: _____ Relationship to you: _____

Your Insurance: _____

Who is the subscriber: _____ Relationship to you: _____ Their DOB: _____

Subscriber's Address: _____

Your Email Address: _____



We are required to ask these questions due to Federal Meaningful Use Ruling. Please be assured that all information is kept under our usual strict confidentiality guidelines.

Please circle your responses to the following questions:

Race

American Indian or Alaskan Native

Asian

Native Hawaiian

Black or African American

White

Hispanic

Other Pacific Islander

Other

Unreported / Refused

Ethnicity

Hispanic or Latin American

Not Hispanic or Latin American

Refuse to Report

Primary Language

English

Spanish

Other: _____

Preferred Local Pharmacy (your prescriptions will be sent here unless requested otherwise)

Pharmacy Address:

Do you have any limitations, supports needed, services required or disability needs of which we should be aware?

YES NO

If Yes, please explain: _____

Do you need assistance getting onto an exam table? YES NO

Patient Signature: _____

Health History Questionnaire

Date: _____

Name: _____

Date of Birth: _____

Medical History:

1. Please list any MEDICATION/ DRUG ALLERGIES and the type of reaction you had:

2. Please list medications (prescriptions and non-prescriptions), vitamins or supplements you are taking:

Name of Medication	Dose & Times per day	For what reason?	How Long?	Prescribed by?

3. Please list any medical problems:

4. Please list all surgeries and hospitalizations you have had and the approximate year in which they occurred, including tonsils, hernias tubal ligations, etc. Please indicate if you have ever had a blood transfusion.

5. Menses – Age your period (menses) started _____ Stopped (menopause) _____

Are they regular?	Yes	No	Number of pregnancies	_____
Concerns about your period?	Yes	No	Number of live births	_____
Menopause Concerns?	Yes	No	Number of miscarriages	_____
Pain or bleeding with Intercourse?	Yes	No	Number of abortions	_____
Abnormal pap smears?	Yes	No		
Problems controlling urine? (With cough, sneeze or exercise)	Yes	No		

Health Screening and Preventative Activities:

6. When was the last time you had: Physical Exam: _____ Pap Smear: _____
 Cholesterol Screening : _____ Mammogram: _____ Tetanus Shot: _____
 PPD (TB test): _____

Name: _____

Date of Birth: _____

Behaviors and Habits Affecting Health:

7. Please describe your use of tobacco products:

Circle: Never Smoked Still Smoke Quit Smoking

How many packs per day did you or do you smoke? _____ How many years? _____

Circle: I want to quit ... Now Soon Eventually Never Did Quit? When _____

8. How Much alcohol do you drink on average? _____

Do you have concerns about your alcohol use? Yes No

9. How much caffeine do you drink daily (coffee, tea, soda)? _____

10. Please circle or check any of the following that are true for you

- | | | | |
|---------------------------|--|---------------------|---------------------------|
| Exercise regularly | Smoke detector at home | Do self-breast exam | Eat low fat diet |
| Fire extinguisher at home | Wear Seatbelt | Gun in home | Gun secured from children |
| Have a living will | Wear a helmet if biking / roller blading | | |

11. What is your sexual orientation Homosexual Heterosexual Bisexual

Do you practice safe sex? Never Sometimes Always

If needed, what type of birth control method do you use: _____

Do you have any questions about birth control? Yes No Sexual Functioning? Yes No

Social History:

12. Who lives in your household? _____

Do you feel safe at home? _____

13. Occupation? _____

Known hazardous exposures at work? _____

14. Are you interested in: *Living Will:* Yes No *Organ Donation:* Yes No

15. Do you have any special concerns that you would like to discuss today?

Thank You!

Reviewed by: _____

Family Medical History Questionnaire Date: _____

Name: _____

Date of Birth: _____

Please write in the spaces provided, any medical conditions of your family members.

Please include age, if still living, or cause of death and age of death if deceased.

Consider some of the following medical conditions:

High blood pressure

High cholesterol

Heart Attack

Stroke

Diabetes

Breast Cancer

Colon Cancer / Polyps

Other Cancer

Asthma

Seizures

Drug / Alcohol Abuse

Glaucoma

Thyroid Problems

Bleeding Disorder

Mental Illness

Mother: _____

Father: _____

Brother(s): _____

Sister(s): _____

Children: _____

Mother's Mother: _____

Mother's Father: _____

Father's Mother: _____

Father's Father: _____

Other: _____

Thank You!

Reviewed by: _____

HARBOUR WOMEN'S HEALTH



Date _____ Name _____

Welcome to our practice and thank you for choosing Harbour Women's Health for your health care.

We'd appreciate your help in letting us know how you found us:

Friend/Neighbor/Relative

Name: _____

Address: _____

I do I do not (authorize Harbour Women's Health to personally thank the
above for my referral)

Referral from a Physician / Nurse Practitioner/ Healthcare Provider

Name: _____

Yellow Pages

Hospital Referral Service

Facebook

Website: _____

Health Insurer

Other: _____

Thank you for taking the time to give us this information!



Directions to our office

Harbour Women's Health is located at ***155 Griffin Road, Portsmouth, NH 03801***

Directions from Maine or Northern NH: Take I-95 Exit 3B and turn right at the stoplight. Go to the 4th stoplight and turn right onto Griffin Road. The Harbour Health Building is the only medical building on the left.

Directions from Hampton or Boston: Take I-95 Exit 3 and turn right at the stoplight. Go to the 2nd stoplight and turn right onto Griffin Road. The Harbour Health Building is the only medical building on the left.

If at any time during your travels you have questions as to how to locate our office, please give our office a call and our front desk staff will be happy to assist you with directions. Our phone number is: (603) 431-6011