

PAP WAIVER

PATIENT NAME _____ ACCT# _____

You are scheduled for a GYN exam, which will include a pelvic examination and a pap smear. If a pap smear is obtained, it will be sent to either Wilson (UHS) or Lourdes Hospital for interpretation. At the time of your exam, your provider may determine that it is necessary to do additional testing. This may include swabs taken for gonorrhea, or chlamydia, viral testing for herpes, or a sample viewed under the microscope to determine if there is an infection. If additional testing is done, there will be a separate bill for these tests. If swabs are done and sent at Wilson or Lourdes, we will submit your insurance information with the specimen. If your insurance does not cover these tests, you may receive a separate bill for these services from UHS or Lourdes. Please make sure that the insurance information is current. Some insurance companies will only pay if testing is sent to a particular lab. We cannot be responsible if you do not provide us with all the necessary information. Please feel free to discuss this with your provider and/or their assistant. We will be happy to help in way we can.

SIGNATURE _____

DATE _____