



Welcome & Patient Instructions

Welcome to Georgia Breast Care!

Thank you for giving us the opportunity to take care of your health care needs.

In order to provide the best service to you at the time of your visit, please go to our patient portal and complete the necessary information **or** you may also visit our website at: www.georgiabreastcare.com to print out the forms to complete, **or** you may complete the forms at our office.

If you are an **established patient**, please arrive **15 minutes before** your scheduled appointment to update necessary paperwork. You may go to our website and print the established patient paperwork to complete and bring it to your appointment.

If you have been referred to our office for a biopsy, your first appointment at our office is for consultation **only**.

In addition:

- Please bring **Current insurance cards** so the office can make a copy, **Photo ID** such as driver's license or other government issued identification, & **Current list of medications & dosages** including over-the-counter, herbal, and supplement medications as well as dosage. This current list will be needed for **every** visit to our office.
- A **referral** form from your primary physician including their fax/phone number, **if required** by your insurance carrier. **If you are not sure if you need a referral, please contact your insurance carrier prior to your visit.**
- If you are coming to our practice for a **second opinion**, we will need films, surgical reports, pathology reports, and genetic testing if performed.
- Payment for your visit is expected at the time of the visit including co-pays. Claims will be submitted by our staff. For self-pay patients or patients with non-participating insurances, full payment is due at the time of the visit. We accept cash, checks, and debit/credit cards including Visa, MasterCard, Discover, and American Express. Additional information is provided in our "Financial Policy and Authorization" document.
- For office procedures requiring lab/pathology services, you will receive a **separate statement** from other facilities.
- We ask that you **call our office 3 business days prior to your appointment** if you need to **cancel or reschedule** your appointment. Failure to do so will result in a **\$50 charge** to you that is non-refundable.
- If you arrive late or are delayed by referral issues, you may miss your appointment time and be required to reschedule.
- Please bring a sweater/coat. Our office is kept cool to protect and ensure the proper function of medical equipment.
- Lastly, please wear a **mask** to your appointment & **DO NOT bring any visitors with you.**
(visitor exceptions for minor or impaired patients ONLY; any other accommodations will need management approval prior to appointment)

Thank you,

RHONDA WACHSMUTH, MD
KAREN BUHARIWALLA, DO
Christi Howard, NP-C
Kimberly Pinto, PA-C
Diana Bishop, NP-C