

Providence Medical Group

OB-GYN HEALTH CENTER

940 Royal Ave., Suite 350

Medford, OR 97504

Tel: 541-732-7460

Fax: 541-732-7461

Providence Medical Group

OB-GYN (CENTRAL POINT LOCATION)

870 S. Front St., Suite 200

Central Point, OR 97502

Tel: 541-664-3346

Fax: 541-664-6051

Maria Cordeiro, M.D.

Shannon Fife, D.O.

Nancy L. Hagloch, M.D.

Karen R. Kronman, M.D.

Alan G. Palamara, M.D.

Lanita C. Witt, M.D.

Amy Zastrow, M.D.

Paula Daystar, W.H.C.N.P.

Linda Osborne, C.N.M.

Nancy Spector, W.H.C.N.P.

Nancy Seulean, C.N.M.

Dear Patient,

We look forward to seeing you in our clinic for your ongoing women's health care. Please review this information to be sure we have scheduled you for the appropriate visit that will meet your medical needs under Medicare.

Medicare will cover a Pap test, pelvic exam and breast exam every 24 months for routine cancer screening. If you have other specific women's health concerns, please schedule a problem-oriented visit. According to Medicare guidelines, any concerns that are not gynecologic in nature need to be addressed with your primary care provider. If you are at high risk for cancer, Medicare will cover a pelvic exam and breast exam every 12 months. For information, please see insert or visit www.medicare.gov.

Please make sure that there is an interval of 24 months and one day since your last pelvic and breast exam, unless you are at high risk. If you need to discuss gynecology-related issues, please call our office back and let the scheduler know so that an appointment of appropriate length may be scheduled. Please remember that your PCP must address all non-gynecology-related issues.

If you have further questions, please call our office at 541-732-7460.

Medicare Breast, Pelvic, Mammogram and Bone Density Screening FAQs

Cervical and vaginal cancer screening (Pap test and pelvic exam)

Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the pelvic exam, Medicare covers a clinical breast exam to check for breast cancer.

How often is it covered?

Medicare covers a Pap test and pelvic exam once every 24 months. However, if you are of childbearing age and have had an abnormal Pap test within the past 36 months, or if you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap test and pelvic exam every 12 months.

For whom?

All women who are insured by Medicare.

Your costs in the original Medicare plan?

You pay nothing for the Pap lab test. For Pap test collection and pelvic and breast exams, you pay 20 percent of the Medicare-approved amount with no Part B deductible.

What factors increase risk for cervical cancer?

Your risk for cervical cancer increases if you:

- Have had an abnormal Pap test
- Have had cancer in the past
- Have been infected with the human papillomavirus (HPV)
- Began having sex before age 16
- Have had many sexual partners
- Have a diet that is low in fruits and vegetables
- Are overweight or obese
- Had many full term pregnancies
- If your mother took DES (Diethylstilbestrol), a hormonal drug, when she was pregnant with you

Breast Cancer Screening Mammograms

Breast cancer is the most common non-skin cancer in women and the second leading cause of cancer death in women in the United States. Every woman is at risk, and the risk increases with age. Breast cancer is often successfully treated when found early. Medicare covers screening mammograms and digital technologies for screening mammograms to check for breast cancer before you or a doctor may be able to feel it.

How often is it covered?

Once every 12 months.

For whom?

All women insured by Medicare, age 40 and older can get a screening mammogram every 12 months. Medicare also pays for one baseline mammogram for women covered by Medicare, between the ages of 35 and 39.

Your costs in the Original Medicare Plan?

You pay 20 percent of the Medicare-approved amount with no Part B deductible.

What factors increase risk for breast cancer?

Your risk of developing breast cancer increases if you:

- Had breast cancer in the past
- Have a family history of breast cancer (mother, sister, daughter, or two or more close relatives who have had breast cancer)
- Had your first baby after age 30
- Have never had a baby
- Used hormone replacement therapy for a long period of time after menopause
- Have two or more alcoholic drinks every day
- Are overweight or obese, especially if you gained weight during adulthood
- Don't exercise
- Are of Eastern European Jewish descent (Ashkenazi)

Risk for breast cancer increases with age. It is important to continue with screening, even if you were screened before you entered Medicare.

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Confidential health history update

Please complete and bring these forms with you to your appointment.

Date: _____

Name: _____ **Date of birth:** _____

Age: _____ **Reason for visit (problems to be addressed):**

Marital status: Single Married Partner Divorced Widowed

Current medications: (prescription, over-the-counter, supplements and vitamins)

Allergies: (medication, latex or severe food allergies)

Habits: Tobacco use _____ Alcohol use _____

Recreational drug use _____

Cycle history: Last period date: _____ Regular Irregular No periods

Menopause

Number of days between periods _____ Length of period _____

Problems/Pain _____ Spotting _____

Quantity of flow Light Moderate Heavy

Contraception: _____

Sexual history: Currently sexually active? Yes No

Number of current sexual partners _____

Any new sexual partners since your last visit? Yes No

New medical diagnosis, surgery, serious illness or pregnancy since your last visit:

Change in family's medical history since your last visit:

Would you like an escort present during your exam? Yes__ No__

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Confidential health history update

Please complete and bring these forms with you to your appointment.

Name:

Review of symptoms. Please mark all that apply.

Are you **currently** experiencing problems with:

General well being: Fever/chills__ Fatigue__ Weight loss__

ENT: Vision loss__ Discharge or Pain__ Earache__ Runny nose or sore throat__
Dental problems__

Cardiovascular: Chest pain__ Irregular heartbeat__ Swelling of lower legs__

Respiratory: Cough __ Wheeze__ Shortness of breath__

Gastrointestinal: Nausea__ Vomiting__ Constipation__ Diarrhea__ Reflux__
Bleeding__

Genitourinary: Vaginal discharge, odor or itching__ Urinary incontinence__ Urinary pain
or frequency__ Abnormal vaginal bleeding or spotting__ Pain or bleeding with
intercourse __ Breast lumps, pain or discharge__ Concerns about sexual life or
functioning __

Musculoskeletal: Joint pain__ Stiffness__ Arthritis__

Skin: Rash__ Itching__ Dryness__ New moles__ Sores

Neurological: Headaches__ Numbness__ Weakness__ Dizziness/vertigo __

Psychiatric: Depression__ Anxiety__ Memory loss__ Insomnia__

Endocrine: Heat/cold intolerance __Thirst __ Hair loss/growth__ Hot flashes__ Weight
change__

Hematology/lymphatic: Severe bruising__ Easy Bruising __ Enlarged lymph glands__

Allergic/immunological: Seasonal allergies__ Persistent infections__

Other: _____

Health Maintenance: Please date immunizations/tests/exams since your last visit:

Immunizations: Flu _____ Tetanus _____ TDAP _____ Pneumonia _____

HPV _____

Meningococcal _____ Rubella _____ MMR _____ Varicella _____

Shingles _____

Hepatitis A _____ B _____
STD screening _____ HIV _____ GC/chlamydia _____
Mammogram _____ Bone density _____
Sigmoid/colonoscopy _____
Cholesterol screen _____ Thyroid _____
Diabetes screen _____
Eye exam _____ Dental exam _____ Skin exam _____

Other information your provider should be aware of:
