

# Austin Springs Women's Health

## WELL WOMAN EXAM WITH OR WITHOUT A PROBLEM VISIT

**Define Well Woman Exam:** A routine well-woman exam is an annual visit focused on preventative care and to address any questions or worries you may have about prevention of diseases or disorders. \*\*\*\*\***This does not include problem visits.** \*\*\*\*\*

*Please note you must have an up-to-date well woman exam before refills for birth control, HRT replacement or surgeries.*

**Q: What is included in my well woman exam? (SELF PAY price: \$250)**

- **Physical Exam:**
  - Breast Exam
  - Pelvic Exam
  - Rectal Exam (age 40+)
  - Pap Smear- every 1-2 years (depending on history of abnormal pap smear)
  - HPV typing- (age 30+) with Pap Smear
  - Update Genetic History (family history)
  - Discussion of prevention of pregnancy (Birth Control Consultation)
- **Option Testing:** Pricing is for **SELF PAY** only. Not through insurance.
  - Sexual Transmitting Infection (STI) **\$290**
    - Gonorrhea (87591) and Chlamydia (87491) **\$130**
    - Hepatitis B Antigen and Hepatitis C Antibody (80074) **\$70**
    - HIV (87389) and Syphilis (RPR) (86592) **\$55**
  - General Health Panel- May be subject to an appointment to discuss if abnormal **\$330**
    - Complete Blood Count (CBC) (85025) **\$40**
    - Comprehensive Metabolic Panel (CMP) (80053) **\$60**
    - Thyroid Stimulating Hormone (TSH) (84443) **\$40**
    - Vitamin D (82306) **\$100**
    - Hemoglobin A1C (83036) **\$30**
    - Lipid Panel (80061) **\$60**
  - Gardasil (HPV) Vaccine (90651) **\$342**
    - Will offer at Well Woman Exam or separate date with Medical Assistant.
  - Flu Vaccine (90656)- (September-March) **\$40**
    - Will offer at Well Woman Exam or separate date with Medical Assistant.
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**Q: What is considered a problem visit? common problems consist of: (Billed separately from well woman exam which is subject to a copayment or deductible).**

- Urinary Problem
- Infertility Consult
- Hormone Consult
- Yeast/Bacteria/Vaginal Infections
- Breast Problems i.e. Lumps, Bumps or Discharge

By signing this consent, you agree with the information above and to the performance of your well woman exam and any incurred cost(s) depending on the provider and patient discuss at the time of your visit.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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