

Terry Allen MD & Scott Forrest MD, PLLC
Practice Policies

1. During your prenatal care, routine and occasionally specialty laboratory and diagnostic testing will be recommended. Our practice follows the most current medical standards and outlined by ACOG (American College of OB/GYN), but occasionally your insurance may not cover all of the suggested testing. It is your responsibility to determine if your insurance will cover recommended testing.

2. It may also become medically necessary to obtain referrals to specialty physicians such as perinatologists, geneticists, and endocrinologists to assist us in your care. It is your responsibility to obtain any required referral and or pre-certification information from your insurance company or your primary care provider prior to scheduling these appointments.

3. Our practice is affiliated with Inova Fairfax Hospital exclusively. We have chosen this hospital over others in the area secondary to its outstanding reputation for providing exceptional obstetrical care, the availability of emergent medical care and the availability of medical specialists including the premier NICU (Neonatal Intensive Care Unit) in the area. We unfortunately cannot provide obstetrical care at any other medical facility.

4. During your prenatal office visits (approximately 10-12), you may elect to see only one doctor or rotate between both providers. Since labor is often unpredictable, your primary provider may not be the physician available during your labor and delivery. During weekdays either Dr. Allen or Dr. Forrest will attend your delivery. On some weekends and holidays, our partner groups provide coverage for our practice and on those days your labor and delivery will be attended by one of them. Our office will complete billing for all deliveries. Our covering physicians are:

Dr. James Kacedan

Dr. Karen Maser

Dr. Kathy Wolf

5. For non-obstetrical medical concerns, we prefer you see your primary care provider. This is especially important if you have symptoms of Influenza, Strep throat or other contagious infections as a courtesy to other pregnant women that you may infect in our office.

Acknowledgement:

I have read the above information and agree to abide by the above-mentioned practice policies.

Patient Name: _____

Signature: _____ Date: _____