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### GROUP PRACTICE POLICIES

**Please initial each line below:**

\_\_\_\_\_ I understand that I am receiving my prenatal care services from Advanced Obstetrics & Gynecology of Lake County, LLC. This organization is a group practice and my prenatal care will be shared equally between the providers on staff. I also understand the physician on call will manage my labor and delivery in most cases. To protect my identity and for billing purposes I will provide the organization the following documents:

- **Photo ID**
- **Original Health Insurance Card**
- **Credit card (only for credit card payments or/and self-pay patients)**

Copies will be kept in your electronic file.

### PATIENT REPONSIBILITIES & PRENATAL VISITS POLICY

**Please initial each line below:**

\_\_\_\_\_ I understand that I am under Advanced Obstetrics & Gynecology of Lake County, LLC and it is important that I attend every one of my visits. **If I miss two or more visits I may be discharged from the practice.**

\_\_\_\_\_ I understand I must follow and comply with the Provider orders, lifestyle recommendations, diet restrictions.

\_\_\_\_\_ Lab work must be completed in a timely manner or you may be discharged from the practice.

\_\_\_\_\_ Personal hygiene is an important part of prenatal care, reducing infection and risks to the baby. Please bathe or shower within 24 hours of your appointment.

### VBAC POLICY

Advanced Obstetrics & Gynecology of Lake County, LLC AND Leesburg Regional Medical Center currently have a policy of **NO** vaginal birth after cesarean sections at this time.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date