WestAshley
OBSTETRICS & GYNECOLOGY

Delivering healthy babies & God's Love

OLUMIDE MUGHELLI MD, FACOG

Taking care of women for over 20 years.

- **Birth Control**
- **Pregnancy Tests & Counseling**
- **Normal & High Risk Pregnancies**
- **Annual GYN Exams**
- **Pap Smears**
- **Pelvic Pain Treatments**
- **PMS Treatments**
- **Heavy Bleeding or Fibroids**
- **Sexually Transmitted Diseases**
- **Infertility**
- **Cancer Detection & Treatment**
- **Menopause**
- **Bladder Infections**
- **In-Office Ultrasound**
- **Laser Procedures**

Making Your Life A Little Easier

- **Early Morning, Late Evening & Same Day Appointments**
- **Help filling out your insurance**

****We accept most insurances,including Medicaid & Medicare**

- **Modern Equipment**
- **Safe Facilities**
- **Tested & Proven Treatments and Procedures**
- **Answers To All Your Questions**

His extensive experience of taking care of Women of all ages has ran a span of more than 30 years. He has been in Charleston since 1990. Dr. Mughelli attended the Prestigious Turfe Medical School in Boston, Mass and residency training was at Columbia University (Harlem Hospital) in New York City.

Right now he admits patients at Roper and St. Francis Hospitals with plans to include Trident Hospital in the nearest future.

We sincerely intend to meet all your medical needs and those of your female family members and friends. So we hope you will refer them to us.
Feel free and comfortable to ask any and all questions regarding your care
and payments.

We advise that you inform us ASAP of any changes of the following, so we can better serve you:

* Name
* Address
* Phone#
* Email
* Insurance Coverage

You can reach the doctor and staff anytime at 843-769-4424. Always call before you go to the hospital, so the doctor can meet you there .

On behalf of ALL of us, I thank you for the honor of being chosen to be your Obstetrician & Gynecologist.

Sincerely,

Olumide Michael Mughelli, MD FACOG

1843 Ashley River Road, Charleston, South Carolina 29407 Phone
843-769-4424 • Fax 843-769-4425

PATIENT INFORMATION SHEET

Please make sure to bring your **Driver's License** and **Insurance Card** to you appointment

Date: _____

Please help us serve you better by taking the time to provide the following information. Thank you.

Last Name: _____ First Name: _____ Middle Int: _____

SSN: _____ DOB: _____ Age: _____

Address: _____ City: _____

Zip: _____Phone(H): _____ Cell: _____

Email: _____ Work: _____ Employer Name: _____

Marital Status:_____ Race:_____

I authorize the release of my medical or other information necessary to process insurance claims and payments of medical benefits DIRECTLY to this Practice for services rendered

Signed: _____ Date: _____

Please give us the Name and Phone number of the closest relative or friend not living with you.

Name: _____ Phone: _____ Relationship: _____

RELEASE OF INFORMATION

I authorize this Practice to release my information acquired in the course of my medical examination and treatment to Health Care Providers, Social Services Institutions or Others who will be providing healthcare or social servicesfor me. I also authorize this information to be sent to my Insurance company and other thirdpartypayersfor payment and review purposes.

FINANCIAL AGREEMENT

I accept the financial responsibility of all services. Insurance will be filed however, if payment is not received within 60 days, it will be my responsibility.

Name: _____ Signature: _____