Lakeland Premier Women's Clinic

2506 Lakeland Drive Suite 600 Flowood, MS 39232

FINANCIAL POLICY & PATIENT RESPONSIBILITY

Thank you for choosing Lakeland Premier Women's Clinic, PLLC for your care. We are committed to providing you with prompt and courteous care. Knowing and understanding all of the policies of our practice is an important part of making sure that you have the best experience with us. Please read the Financial Policy & Patient Responsibility form and **provide your signature to acknowledge your understanding information provided.**

Patient Responsibility

- **PROOF OF INSURANCE/CHANGING INSURANCE**: You must present your insurance ID at the time of your visit. All patients are required to provide the most current and accurate insurance information.
- **INSURANCE COVERAGE**: It is your responsibility to verify that the physician you are seeing is in your insurance network. If a referral is required for your visit, please obtain this prior to being seen. Sometimes, services that are routinely covered by many plans may not be covered by your particular plan. It ultimately your responsibility to verify your coverage by contacting your insurance carrier.
- **CLAIMS SUBMISSION/DENIAL**: Our Billing Department will submit claims to your insurance company on your behalf and will assist you in getting your claims paid. However, you are required to respond in a timely manner to any information requests from this office or from your insurance carrier. If the claim is denied due to a nonresponse, you will be financially responsible for paying for the charges in full.
- **CO-PAYMENTS**: All co-payments, are due at the time of service.
- **CO-INSURANCE AND DEDUCTIBLES**: You are responsible for paying your coinsurance payment and/or has a deductible.
- **NON-COVERED SERVICES**: If you elect to have a non-covered service, payment is expected in full at the time of service.
- **SELF-PAY PATIENTS**: If you do not have insurance or do not provide valid insurance information by the date of service, you are a self-pay patient and you are responsible for payment in full on the date of service.
- **DEMOGRAPHIC INFORMATION**: It is your responsibility to update the office with any changes to your name, telephone number(s) and/or mailing address.

Practice Policies & Fees

- **CANCELLATION/NO SHOW POLICY:** You will be charged $25.00 for neglecting to cancel or reschedule at least 24 hours prior to your scheduled appointment.
- **REQUEST FOR MEDICAL RECORDS:** Our office must receive a written authorization for the release of health information at least 72 hours prior to the date needed. In some cases, a $35.00 will be required before records are released.
- **PAYMENT METHODS:** For payments we accept Cash, Checks, Mastercard, Visa, American Express and CareCredit. We do not accept post-dated checks. A $35 fee will be applied for returned checks.

By signing my signature below, I acknowledge that I have read and understand the Financial Policy and Patient Responsibility form.

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Patient Signature Today's Date