

OFFICE POLICIES

Thank you for choosing Eagles Landing OBGYN for your obstetric and gynecological care. **It is now mandatory for all patients to become an PrimePatient.** Our PrimePatient service is an online tool that allows you to obtain appointments, refill, medications, get lab results, and direct questions to the staff. This is our main communication with our patients. If you have not already registered for our PrimePatient services, please speak with our office staff, and ask us to send you an invitation to become a PrimePatient.

Initial _____

If there have been **ANY** Changes to your information since your last visit, please make the front desk aware. Keep in mind that without updated information, we will not be able to reach you regarding lab results, future appointments, etc.

There are no children older than 12 weeks allowed in our office. Please plan for your children prior to your appointment. By initialing, I indicate that I understand that i will be asked to reschedule my appointment if I arrive with children.

Initial _____

FINANCIAL POLICIES

I authorize Eagles Landing OBGYN to release any information regarding my treatment to any insurance or government providing benefits or other policies to process any claims on my behalf for payment.

Initial _____

I authorize my insurance carrier to make payments directly to Eagles Landing OBGYN on my behalf for services rendered.

Initial _____

I understand that I am ultimately responsible for payment in full of all services rendered if my insurance company or managed care plan denies payment in full or part of any services rendered. This includes but not limited to all co-payment, deductibles, and non covered services and supplies

Initial _____

Any balance that is accrued will receive three statements and a collection letter. If no payment is then received, then you will be sent to an outside collection agency with an additional collection fee of 30%. Statements are sent electronically by text and email. Payments can be made directly by check or by following the link on the email/text statement.

Initial _____

Since there are hundreds of insurance plans out there, we ask our patients to make sure you are familiar with your own healthcare coverage and its limits, We are happy to submit those claims for those plans which we are contracted. However, the basic responsibility for payment lies with that patient. **It is the patients responsibility to confirm with their insurance carrier that we are in network providers with your plan.** If your insurance carrier denies your claim due to Eagles Landing OBGYN being out of network with your current plan, it is the patients responsibility for any payment due.

Initial _____

What is included in my Annual Well Woman's Exam?

- PAP and or PAP/HPV testing (subject to ACOG guidelines.)
- Pelvic Exam
- Breast Exam
- Contraceptive Counseling

****Discussions of problem oriented issues during your Well Woman's Exam may result in a separate billable charge to your insurance plan which could result in an additional balance due for services outside of your Well Woman's Exam.****

Initial _____

LABORATORY CONSENT

- Eagles Landing OBGYN is proud to offer many lab services. Your insurance plan may apply a deductible, copay, or coinsurance to any service you receive. There are also some labs that your insurance company may consider a non covered service with your plan.
- We are unable to verify your lab coverage or estimate how insurance will cover lab services and suggest you contact your carrier if you have any questions regarding these services.
- Our office follows industry standards of care and may order a test for you at your visit today. These include, but are not limited to Pap Smears, HPV Testing, Vaginal Cultures, Blood Test, and Biopsies.
- Please speak with your provider if you wish to decline any service. Please also be advised that if you choose to decline testing it would be against medical advice and Eagles Landing OBGYN cannot be held liable for any negative consequences as a result.
- I understand that I am responsible for paying for all lab charges because of any testing that has been performed and have been made aware of the office polices listed above.

Initial _____

Please sign below that you have read and understand all of the Office Policies and Financial Policies above:

Patient/Guardian Name (Print)

Date

Signature