Office Policies

Thank you for choosing Eagles Landing OB/GYN for your obstetric and gynecological care. We take pride in our practice and patient satisfaction. To help us maintain our positive patient satisfaction, please keep in mind the following office policies. It is now mandatory for all patients to become a PrimePatient. Our PrimePatient service is an online tool that allows you to obtain appointments, refill medications, get lab results, pay your bill and direct questions to the staff. In the future we plan to make this our main communication with our patients. This service is ideal for patients and response time to your request can be quicker than calling into the office for the same type of information you can get from your PrimePatient account. 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.

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

Our goal at Eagles Landing OBGYN is to make our patients' visits as pleasant as possible. Proper hygiene is expected by all patients. Please do not wear pajamas and slippers to your appointments. We take pride in the appearance of our office. Please help us maintain our office's appearance by not eating or drinking and please throw away your trash.

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

Initial

Release of Information Policies

By signing below I authorize Eagles Landing OBGYN to use and/or disclose protected health information about me to t listed below.	the parties
1. I give my permission for Eagles Landing OBGYN to leave detailed messages on my voicemail/answering machine	
ires a Mo a	nitial
2. I give my permission for Eagles Landing OBGYN to discuss my medical and financial information	
To: who is my:	
	nitial

When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected in writing except to HIPPA Privacy rules. I have the right to revoke this authorization in writing except to the extent that Eagles Landing OBGYN has acted in reliance upon this authorization.

Financial Policies

By	sign	ing	pelo	W:

• 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 payment 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 in the event that my insurance company or managed care plan denies payment in full or in part of any services rendered. This includes but not limited to all copayment, 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, you will be sent to an outside collection agency with an additional collection fee of 30%.

Initial

Financial Policies Cont		
If you have regular pregnancy Medicaid, you will be receiving We are only in network with Amerigroup. Please select A	ng a letter from Medicaid for you to o merigroup or you will have to find a	choose a CMO plan. new provider.
		Initial
All gynecological services are paid at the time of service unlinsurance company. Since there are hundreds of insurance with your own healthcare coverage and its limits. We are, or with which we are contracted. However, the basic responsible	plans, we ask our patients to make s f course, happy to submit those clair	ure you are familiar ms for those plans
If your insurance company requires a co-payment for visits, variety of options by accepting American Express, Visa, Mas	you must pay at the time of service. sterCard and Care Credit in addition	We provide a to cash or check.
Please bring your current health insurance card with you at a current insurance card and this could result in rescheduling y	the time of service. We cannot file in your appointment.	surance without a
PLEASE NOTE: Any other testing: labs/ultrasounds ordered based on signs/svisit may not be covered and you may be financially respons	symptoms you share or are noted at ible.	the time of your
Laboratory Consent Form		
Eagles Landing OBGYN is proud to offer many lab services. Your ir any service you receive. There are also some labs that your insuran	nsurance plan may apply a deductible, c nce company may consider a non covere	o-pay or co-insurance to ed service with your plan.
We are unable to verify your lab coverage or estimate how your inscarrier if you have any questions regarding these services.	urance will cover lab services and sugge	est you contact your
Our office follows industry standards of care and may order test for Smears, Vaginal Cultures, Urine Cultures, Blood Test and Biopsies. Service. Please also be advised that if you choose to decline testing can not be held liable for any negative consequences as result.	Please speak with your provider if you	wish to decline any
understand that I am responsible to pay for all lab charges as a res ware of the office policies listed above.	ult of any testing that has been preform	ned and have been made
and possibles instead above.		Initial
Please sign below that you have read and understand all o	f the Office Policies and Financial F	Policies above:
		er.
atient/Guardian Name	Date	

Signature