

# MAGNOLIA OB/GYN

170 Village Center Blvd  
Myrtle Beach SC 29572

Patient Name: \_\_\_\_\_

Account #: \_\_\_\_\_

## FINANCIAL POLICY AND ASSIGNMENT OF BENEFITS

Magnolia OB/GYN LLC of Myrtle Beach makes every effort to verify your insurance benefits before your appointment. Verification of eligibility and benefits does not guarantee that claims will be paid by your insurance. The benefits and fees provided to you are only an estimation of cost. Final charges will be based on actual services provided and claims processing. Magnolia OB/GYN is not responsible for any incorrect or misinformation provided to us by your insurance company regarding benefit verification. Actual benefits cannot be determined by Magnolia OB/GYN, but will be applied by your insurance carrier at the time the claim is processed.

Not every service recommended by your provider is covered by your insurance. It is your responsibility to know what is or is not covered, policy limitations, and referral and authorization requirements. By signing this financial policy, you understand and agree to be responsible to pay for any services that are not paid by your insurance company.

Magnolia OB/GYN is in-network with several major network carriers. We are a participating provider with Medicaid of South Carolina, and we are able to file only to Absolute Total Care, Molina, and Select Health First Choice. Medicaid is always considered the payer of last resort, and ***we do not file Medicaid as a secondary payer.*** \*\* We do not file out-of-network insurance, nor do we provide clinical, coding, or billing information so that you may file to your payer on your own. If you have out-of-network insurance but have opted to be Self-Pay, then you will remain Self-Pay and will receive no assistance from Magnolia to file any medical claims.

It is your responsibility to notify Magnolia OB/GYN immediately of any change in insurance status. Failure to report changes timely will result in transferring the balance of any unpaid claims to you. Regardless of insurance status, if your insurance does not pay, fails to pay timely, or denies a claim, you will be responsible for the charges incurred.

Magnolia OB/GYN collects your estimated financial obligation prior to rendering any services. You are expected to pay any copay, coinsurance, deductible, or balance due on your account prior to receiving any services. Failure to do so may result in your appointment being rescheduled. The fact that you have an HSA or HRA account does not relieve you of this collection process.

You may receive services from providers other than Magnolia OB/GYN, including Grand Strand Medical Center. It is your responsibility to ensure that all outside providers have your current, correct insurance information on file. Failure to confirm this information with these providers may result in our inability to bill your insurance for certain services, and you may be responsible for additional charges.

Magnolia OB/GYN requires a 24-hour notice to cancel an appointment. If you fail to cancel an appointment within the 24-hour timeframe may result in a \$25.00 No Show Fee.

Accounts are considered delinquent when the balance due is more than 60 days old, and will be subject to a delinquency fee of 20% of the balance due, which will be added to your account. Should your account be referred to our outside collection agency, you may be responsible for reasonable fees, including attorney fees, incurred due to collection efforts. As of 1/1/2013, collection agencies may use an autodialer feature to contact patients regarding their accounts. This consent authorizes Magnolia OB/GYN and/or other parties acting on our behalf to contact you via cellular telephone which may include a dialer and/or artificial/pre-recorded messages or voice mails as per FCC/TCPA (Federal Communication Commission/Telephone Consumer Protection Act) guidelines.

## AGREEMENT OF FINANCIAL POLICY

I have read and understand the financial policy of Magnolia OB/GYN LLC of Myrtle Beach and agree to abide by the terms therein.

Signature of Patient/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS

I hereby authorize Magnolia OB/GYN LLC of Myrtle Beach to release to my insurance company any information that is required to process a claim for services rendered. I hereby authorize that payment of benefits by my insurance company be made directly to Magnolia OB/GYN LLC of Myrtle Beach.

Signature of Patient/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Magnolia OB/GYN Rep: \_\_\_\_\_

Date: \_\_\_\_\_