

M A G N O L I A

– O B / G Y N –

TRACY D. NELSON
M.D., F.A.V.C.O.G.

KARYN C. MARKLEY
M.D., F.A.C.O.G.

TRACEY A. GOLDEN
M.D., F.A.C.O.G.

JESSICA C. BROWN
M.D., F.A.C.O.G.

KAREN THOMPSON
D.N.P., W.H.N.P.

KATHRYN O'DONALD
W.H.N.P., B.C.

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, however, we are not contracted with any Medicaid Managed Care Organization. Additionally, we do not file Medicaid as a secondary payer when you have any other health insurance available. If you do have an out-of-network insurance, we will gladly file your claims for you as a courtesy, providing you have out-of-network benefits; however we do not file claims to payers when there are no out-of-network benefits available. It is your responsibility to know your benefits, both in- and out-of-network, prior to scheduling an appointment with our practice. For a list of our network providers and to whom we will file claims, please contact the Billing Department at 843-449-5848 x 308.

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.

Magnolia OB/GYN requires a 24-hour notice to cancel an appointment. If you fail to cancel an appointment within the 24-hour timeframe, you will be charged a \$50.00 No Show Fee.

Accounts are considered delinquent when the balance due is more than 60 days old. Should your account become delinquent and referred to our outside collection agency, you will be responsible for reasonable agency and/or attorney fees and other costs of collections. This includes a processing fee of up to 38% of the delinquent balance due, which will be added to your account balance. As of 1/1/2013, collection agencies may use an auto dialer 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: _____