3964 Goodman Rd E, Suite 131, Southaven, MS 38672

(p) 662-856-8440 (f) 662-350-7032

Patient Information

Name: _____

Age: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

SS#_____ Employer: _____

Email_____

Insurance Information

Primary Insurance: _____

ID# _____Group#_____

Responsible Party: _____

Relationship to Patient: _____ Responsible Party DOB: _____

Responsible Party Address: _____

Phone: _____ Employer: _____

Secondary Insurance: _____

ID# _____Group#_____

Responsible Party: _____

Relationship to Patient: _____ Responsible Party DOB: _____

Responsible Party Address: _____

Phone: _____ Employer: _____

Emergency Contact: _____

Phone:_____ Relationship:_____

Primary Pharmacy:_____

Address:_____ Phone:_____

Secondary Pharmacy: _____

Address:_____Phone:_____

Authorization to Disclose Protected Health Information (PHI)

I hereby authorize IvyRaine Women's Clinic to leave a message and or discuss my protected health information to include account information, test results, scheduled appointments, and any information regarding my healthcare with the following people:

Name_____Relationship_____

Name_____ Relationship_____

Name:_____ DOB:_____

Please list your medications

Name	**Dose**	**Frequency**

Please list your allergies:

_____

Financial & Administrative Policy

Name:_____ DOB:_____

Consent to Treat

I give permission to IvyRaine Women's Clinic for medical treatment including but not limited to examination, blood tests, injections, diagnostic testing, or medical procedures necessary and appropriate for diagnosis and treatment.

Disclosure of Insurance Coverage

I certify that I have provided all information to IvyRaine Women's Clinic, and it is my responsibility to notify the practice of any insurance changes.

Notice of Privacy Practices

I have read the Notice of Privacy Practices form that is published on the website (www.ivyrainewomensclinic.com). This form is also available at the front desk during the check in process.

Patient Payment Policy

I understand that I am responsible for all charges associated with my care. All copays and balances are due at the time of service.

It is my responsibility to know and understand the services covered by my insurance company. I will be responsible for payment for any services not covered by my insurance company.

Our office may contact your insurance company to verify insurance coverage.

I authorize IvyRaine Women's Clinic to file claims and to collect payments from my insurance company for services rendered to me or my dependents. I also authorize the release of any information necessary for claim payments.

You are responsible for knowing which hospital your insurance company allows to utilize for treatment and or testing.

You must provide a valid insurance card at the time of service, or you must pay in full at the time of service.

You will be billed for lab services not covered by your insurance company.

It is your responsibility to obtain referrals for medical services if required.

If your account is sent to collections due to non-payment, you may be dismissed from the practice. A collection fee will be added to your account balance. I understand that I am responsible for the collection fees, and or attorney fees in the collection of your account.

Cancellation Policy

A minimum of 24-hour notice is required to cancel an appointment. No-shows or cancellations without a 24-hour notice will be subject to a $50 charge. This charge will be your responsibility and will not be billed to your insurance company. If a patient repeatedly misses or no shows for appointments, the patient may be dismissed from the practice.

Returned check fee

A $30 administrative charge will be assessed for any returned checks.

Wellness/Annual exams

An annual exam or well woman exam includes preventive services only. If you are experiencing a problem, please schedule a separate appointment.

Practice Guidelines

Routine medication refills are handled during normal business hours. We do not refill medications after hours or on the weekends. Refills for controlled substances will not be granted without an appointment.

Work or school excuses will only be given for the day of the appointment. We are not able to write excuses for illnesses not evaluated at our office.

If you have a question for the nurse or nurse practitioner, we will return your call as soon as possible. If you call after 3pm, your call may not be returned until the next business day.

Please allow us one week to contact you regarding lab/ test results.

Signature_____ Date_____