



Notice of Privacy Practices Acknowledgement

I, _____, acknowledge that I have received a copy of the notice of privacy practices.

Signature of patient or representative

Name of patient or representative (Please print)

Relationship to patient if representative

Date

If patient or personal representative is unable or refuses to sign the form, document the reasons on this form. Place this form in the patient's medical record.

The following person has full authority to request information on my part regarding my medical care, which includes but not limited to, discussing questions regarding medical treatment or medical billing:

Name

Relationship to patient

Phone #

Name

Relationship to patient

Phone #

****This notice is in effect until further notified in writing****



BASIC POLICY: Payments required at the time the services are rendered. We bill most insurance carriers for you if proper paperwork is provided to us. We will also bill most secondary insurance companies for you. Co-payments and deductibles are due at the time of service. Since your agreement with your insurance company is a private one, we do not routinely research why an insurance carrier has not paid or why it has paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full by you.

AGREEMENT TO PAY: I, the undersigned accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all costs of collections, (33.33%), attorney fees and/or court costs, if such be necessary. I waive now and forever my rights of exemption under the laws of the constitution of the State of Alabama and any other State.

EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE: I, the undersigned, give Ladies First Obstetrics & Gynecology of Dothan, Inc., its employees and/or agents "express prior consent" to contact me for any/all phone numbers, including cell phone numbers (by phone call or text messaging), for the purpose of treatment, insurance, or payment.

SURGERY FEES: All co-payments, deductibles, and payments for non-covered surgical procedures are due prior to your surgery. Your carrier may require prior authorizations and it is your responsibility to notify us of this.

NON-COVERED SERVICES: As our patient, we want to provide you with the best possible care. There will be certain routine services that the provider feels are necessary for the maintenance of good health that will not be covered by your insurance company. Since we cannot identify all non-covered services under the various contracts, we will not always be able to tell you if a particular service will be covered or not. Any care not paid for by your existing insurance coverage will require payment in full at the time of services or upon notice of insurance claim denial. Examples of services that may not be covered by your insurance carrier are as follows: Annual exams (including office visits, pap smear, hemocult, blood work, etc.), IUD supply and insertion, office visit for contraceptive management, injections for contraception, medical supplies, GYN and OB blood profiles, urinalysis, etc.

LABORATORY SERVICES: Most lab work performed in the office will be billed by an outside lab (LabCorp).

OB FINANCIAL GUIDELINES: Our insurance and billing department will contact you at the beginning of your pregnancy to discuss your financial responsibilities.

ASSIGNMENT OF INSURANCE BENEFITS: I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, private insurance, and any other health plans to Ladies First Obstetrics & Gynecology of Dothan, Inc. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered valid and original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

PROMISSORY NOTE: I authorize my insurance company, attorney, or other agent acting on my behalf, to pay directly to Ladies First Obstetrics and Gynecology of Dothan, Inc., any benefits due as a result of treatment by any agent of the aforementioned corporation. I understand, that for services rendered or to be rendered, the undersigned promises to pay to the order of Ladies First Obstetrics & Gynecology of Dothan, Inc., the total charges as deemed necessary and reasonable to his or her agent.

NO-SHOW APPOINTMENT POLICY: Thank you for choosing the physicians of Ladies First Obstetrics & Gynecology of Dothan, Inc. for your healthcare needs. We are committed to providing you with quality care. If you have been scheduled for a follow-up visit or a procedure, except in emergencies, cancellations without at least 24 hours notice may be charged a no-show fee. If you are unable to come at your scheduled time, please contact us 24 hours in advance so we may reschedule your appointment. Cancellation in advance allows your appointment time to be offered to other patients who may have urgent healthcare needs. We appreciate your understanding.

I have read and understand the Ladies First Obstetrics & Gynecology of Dothan, Inc. No-Show Appointment Policy.



Notice of Privacy Practices Acknowledgement

This summary describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Key issues:

Uses and Disclosures: We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, we ask for your written authorization before using or disclosing any identifiable health information about you.

Your rights: In most cases you have the right to look at or get a copy of health information about you. If you request copies, we will charge you only normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

Our legal duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints: If you are concerned that we have violated your privacy rights or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

If you have any questions, please contact:

Office Administrator: David Halcomb
Address: 104 Medical Drive, Dothan, AL
36303 Phone: (334) 671-9445

Note: To obtain a FULL copy of Ladies First Obstetrics & Gynecology of Dothan, Inc.'s notice of Privacy Practices, please request a copy from the front desk and we will provide such as requested.