

Jackson Regional Women's Center

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PATIENT FINANCIAL RESPONSIBILITY

Our office is committed to providing you with the best possible health care, and we will be happy to discuss our policies with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, our Financial Policy or your financial responsibility. If you have any special needs or concerns regarding this policy, please bring them to our attention. We are here to help you and to provide you with the best service.

This office will provide insurance billing services for you, if you so desire, as a courtesy. **Remember that you are ultimately responsible for any charges incurred in this office. It is your legal responsibility to pay any deductible amount, co-insurance, and or any other balances not paid by your insurance carrier. Your signature on this document indicates that you agree to pay for any outstanding charges incurred in this office.**

If your insurance denies payment for any reason, we will offer you our time of service discount for any outstanding charges that are paid in full within 30 days of notice.

I have read the financial policy for the office and understand that I am ultimately responsible for all charges on my account. It is my financial responsibility to remit payment for any charges not covered by my insurance plan(s) including, but not limited to co-insurance, co-payments and deductibles. I understand that co-payments for office visits are due at the time of the service. I understand that patient balances are due within 30 days of notification. I understand that once my account is put into collections, I am subject to be discharged and held responsible for any additional charges to collect any and all unpaid balances, including but not limited to collection agency fees. *By signing below I indicate that I have read, understand, and agree with the terms on this page.*

Signature of responsible party (Parent of Legal Guardian)

Date

**Questions regarding your bill, to update your insurance information, or to request an itemized statement, please contact Jana Eddie at (731)668-4455 Ext: 2004 or email our billing department at jeddie@jrwcmd.com