Premier Choice Healthcare

1832 Hospital Drive Jackson, MS 39204
Office: (601) 371-8883
Fax: (844) 318-4882

Financial Policy

Thank you for choosing Premier Choice Healthcare as your healthcare provider. We are committed to providing you with the highest level of care in a warm and loving atmosphere. To be clear and eliminate confusion on payment for services, we have adopted the following financial policies. Please read them carefully and feel free to ask questions if any part is unclear. As always, we are willing to work with you, if there are special financial circumstances.

Payment for Services:
Payment is required at the time services are rendered. Regardless of your insurance coverage, you are ultimately responsible for full and timely payment of all charges incurred at Premier Choice Healthcare. If you fail to make payment in full or prior financial arrangements with our billing manager, any overdue balance on your account may be sent to an outside collection agency which may result in your termination from our practice. You will be responsible for any additional fees charged by the collection agency.

If you receive a statement from our office, payment in full is expected at that time. If you cannot pay the entire balance due, please contact our billing manager to set up payment arrangements.

Insurance:
We have established payment contracts with several insurance carriers. This means we will file your insurance claims for you and accept their allowable amount as our full charge for those services.

Acknowledgement and Acceptance of Financial Policy:
I agree to the above terms of this financial policy and understand that it may change at any time without written notice. I further understand that whoever brings my child in for visits is authorized to receive financial and medical information on my child and will be responsible for paying any co-pays or deductibles due at time of service. I also agree that if my child is over the age of 18 I will continue to accept financial responsibility until they no longer receive services at Premier Choice Healthcare. I understand this authorization will remain effective until I provide written revocation.

_____ _____
Signature of Patient or Responsible Party Date

_____ ___
Printed Name of Responsible Party Relationship to Patient

Premier Choice Healthcare
1832 Hospital Drive Jackson, MS 39204
Office: (601) 371-8883
Fax: (844) 318-4882

INSURER/GUARANTOR RESPONSIBILITIES

- Be familiar with the requirements of your specific plan. Please make yourself aware of any non-covered services with your carrier prior to your visit.
- Present your insurance card at every visit.
- Pay your co-pay, coinsurance and/or deductible at each visit. Payment can be made by check, cash or credit/debit card.
- Notify the front office or billing staff of any changes to your health insurance prior to services being rendered; otherwise, full payment for services will be expected from you at the time of service.
- Services deemed as “non-covered” by your insurance carrier are not written off and you are responsible for payment in full. Specific coverage issues should be directed to your insurance company. If you have any insurance or billing questions our billing staff will be more than happy to help.