



# Premier Choice Healthcare

1832 Hospital Drive Jackson, MS 39204

Office: (601) 371-8883

Fax: (844) 318-4882

## OFFICE POLICIES

### **Appointments:**

Visits are by appointment only and we can schedule these at any time during normal clinic hours. Sick appointments are scheduled throughout the day as well as check-ups, physicals and follow up visits. When calling to schedule an appointment please specify if you are a new/established patient, if the visit is for an acute illness, chronic problem or for a physical so we can be sure to allow adequate time for you.

We understand occasional circumstances prevent you from keeping your scheduled appointment. If possible, please notify our office in advance if you are running late or unable to make your appointment. If possible, please notify our office at least 24 hours in advance to cancel or reschedule your appointment. For scheduling purposes, every sibling will be required to have an appointment in order to be seen. Please arrive on time for your appointment. If you arrive late, you may be seen if the schedule allows. If you are more than 15 minutes late, you may be asked to reschedule your appointment for a later date and time.

### **Phone Calls:**

During office hours, our triage nurses are available to help you with common questions as well as deciding whether your child needs to be seen by the provider. If you need to speak to a provider directly, they will do their best to call you as they are able (likely during lunch or towards the end of the day).

### **Billing and Insurance:**

We participate in many insurance plans; for a full list, you may call our main phone line and ask for the billing department. If we are in-network with your provider we will file your insurance as a courtesy. We ask that you pay your established co-pay or deductible at the time of the office visit.

### **Miscellaneous:**

When calling for a standing prescription, 121 form or any other documentation, please give us 3-5 days' notice. If possible, please call at least two weeks in advance to schedule checkups.

### **Office Policies**

I have read, understand, and have received a copy of Premier Choice Healthcare's office policies which explain the terms and conditions of this office.

Name \_\_\_\_\_

Signature of Patient/Guardian \_\_\_\_\_

Date \_\_\_\_\_