

Magnolia Women's Health Office Policies

Insurance

We are contracted with most major insurance carriers. It is the patient's responsibility to understand their benefits, including but not limited to: co-payment amount, services covered, and pre-authorizations needed. The office will file insurance as a courtesy; however the patient is ultimately responsible for all medical fees relating to care. Payment/Co-payment is due at time of appointment.

Appointments/Telephone Calls

You may contact our office to set up an appointment for yearly screenings or GYN concerns. A limited number of urgent care appointments are available as well. We have a reputation for taking the necessary time to listen, to answer your questions, and explain your condition and treatment options available while you are in our office. We limit the amount of phone time spent discussing patient care or prescribing medication without being seen in the office. Our staff is available to address some of your concerns; however, if you wish to speak directly to Julie an appointment will be necessary. We feel that personalized care in an office setting enables us to fully recognize and respond to your health care needs.

Late Cancellation/No-Show Appointments

Magnolia Women's Health reserves an ample amount of time for each of our patient's appointments, depending on their need. We strictly enforce a \$50 late cancellation or no-show fee for all appointments not cancelled within 24 hours that insurance will not cover.

Medical Records Release

In order for our office to release your medical records to another provider for transfer of care or for life insurance, we require a signed medical record release form. All records requested will be transferred upon receipt of payment to Magnolia Women's Health. For patient convenience, and to expedite records release, patients may make this payment over the phone with a major credit card. A minimum fee of \$10 will apply; additional fees may be assessed depending upon number of pages to be released.

Prescriptions

Magnolia Women's Health offers the convenience of faxing in prescriptions to the patient's pharmacy of choice. Please allow 24 hours for refill requests to be reviewed and faxed to the pharmacy.



Magnolia Women's Health
Julie A. Keeler, MSN, WHNP



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**Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell/Work#: \_\_\_\_\_ Employer: \_\_\_\_\_

**Insurance Information:**

Company: \_\_\_\_\_ Policy/Subscriber #: \_\_\_\_\_

Ins. in patient's name? \_\_\_\_\_ Group #: \_\_\_\_\_

If not: insured name / SS# / DOB / relationship to patient: \_\_\_\_\_

\_\_\_\_\_

Secondary Ins: \_\_\_\_\_

**Pharmacy Information:**

Name: \_\_\_\_\_ Address/Location: \_\_\_\_\_

**Additional Information:**

Primary Care Physician/Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name/Relation/Phone #: \_\_\_\_\_

\_\_\_\_\_

**MAGNOLIA WOMEN'S HEALTH**

Julie A. Keeler, MSN, WHNP  
1100 Holly Springs Rd, Ste 212  
Holly Springs, NC 27540



Notice of Privacy Practice

I also authorize Magnolia Women's Health to communicate private health information as instructed below:

Print Name of Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate where you request this office contact you and possibly leave messages in regards to your appointments, treatment, or private health information:

Home: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Work: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Cell: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email address: \_\_\_\_\_

Please indicate with whom, other than the patient, we may communicate regarding your private health information:



\*\*\*\*This acknowledgement remains in effect until patient revokes in writing.\*\*\*\*

I hereby assign payment of the medical benefits to Magnolia Women's Health. I hereby authorize Magnolia Women's Health to release any information acquired in the course of my exam or treatment to the insurance company. I understand that the office will file my insurance as a courtesy; however, ***I am ultimately responsible for all medical fees relating to my care.*** Should my insurance deny for any reason I understand that I will be responsible for my bill. I also am aware that Magnolia Women's Health charges a \$50.00 no show or late cancellation fee (appointments not cancelled within 24 hrs) that insurance will not cover.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Magnolia Women's Health, PLLC

Julie A. Keeler, MSN, WHNP

1100 Holly Springs Rd, Ste 212

Holly Springs, NC 27540

Phone: (919) 552-1457 Fax: (919) 552-1369

Medical Records Release

I authorize the following provider to release medical records to Magnolia Women's Health, PLLC:

Provider/Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

I am requesting the following medical records be released to Magnolia Women's Health, PLLC:

Lab Results \_\_\_\_\_ Hospital/OR Notes \_\_\_\_\_ Radiology \_\_\_\_\_

Pathology/Paps \_\_\_\_\_ Progress Notes \_\_\_\_\_ History/Phy \_\_\_\_\_

Entire Medical Rec \_\_\_\_\_ Date(s): all \_\_\_\_\_ ; from \_\_\_\_\_ to \_\_\_\_\_

I am requesting the following exclusions from my medical record: None \_\_\_\_\_ or as follows:

\_\_\_\_\_  
\_\_\_\_\_

Patient Information:

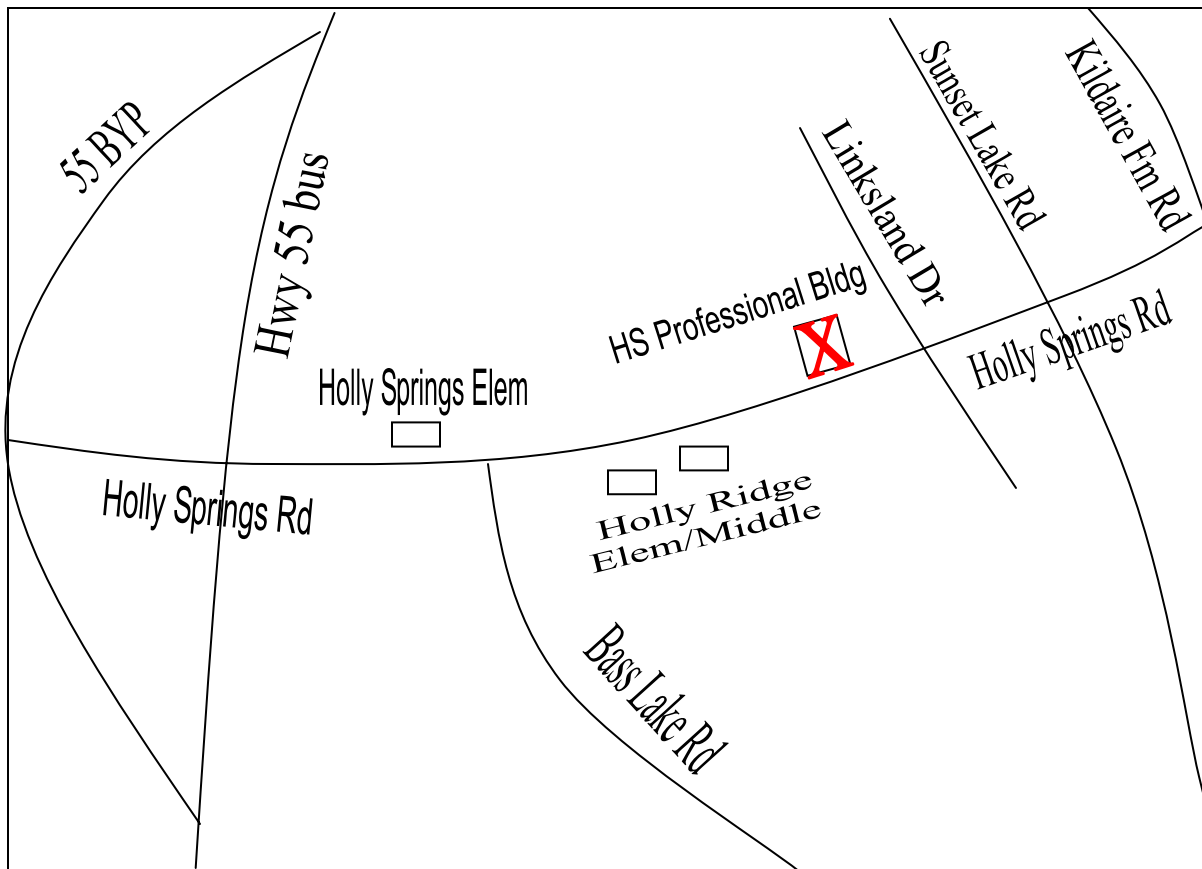
Patient Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SS#: \_\_\_\_\_

I understand that all the information requested will be kept confidential and become a permanent part of my medical record at Magnolia Women's Health, PLLC. I also am aware that the provider/facility sending this information may charge me a fee for copying my records and I will be responsible for payment of any charges associated with this medical record release.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



### Directions to Magnolia Women's Health

**1100 Holly Springs Rd, Ste 212 Holly Springs, NC 27540 P# 552-1457**

From Raleigh: Take 440 south towards Apex. Take Hwy 55 E towards Holly Springs. Take a left onto Holly Springs Rd. Cross over Hwy 55 bus. Pass Bass Lake Rd. We are on the left just past Holly Ridge Elem/Middle Schools in the Holly Springs Professional Bldg.

From Cary: Take Kildaire Fm Rd to Holly Springs Rd. Take a right onto Holly Springs Rd. We are in the Holly Springs Professional Bldg. about 1 ½ miles on the right.

From Apex: Take Hwy 55 E towards Holly Springs. Take a left onto Holly Springs Rd. Cross over Hwy 55 bus. Pass Bass lake Rd. We are on the left just past Holly Ridge Elem/Middle Schools in the Holly Springs Professional Bldg.

From Fuquay Varina: Take Hwy 55 W towards Apex. Take a right onto Holly Springs Rd. Cross over Hwy 55 bus. Pass Bass Lake Rd. We are on the left just past Holly Ridge Elem/Middle Schools in the Holly Springs Professional Bldg.