CERTIFICATION/AUTHORIZATION OF INSURED:

Women's Medical Center of Meridian, P.A.

1523 22nd Avenue
Meridian, MS 39301
601-483-0039

I certify the insurance information I have provided to the above office to be true and correct to the best of my knowledge. I authorize payment for services rendered to the doctors associated with the above office. I understand that the doctors cannot accept responsibility for collecting my insurance claim or for negotiating a settlement on a disputed claim. I am responsible for payment of my account in full within the terms of the above payment policy. If I am under 18, the parent/guardian requesting treatment assumes responsibility. I understand that if my account should ever require action by a collection agency in order to collect the balance owed, fees charged by this agency may be added to the balance due on my account.

I authorize the doctors and Women's Medical Center and its designees to provide treatment. I further authorize labs, radiology centers, pathologists, and radiologists who may interpret and report on diagnostic tests, and anesthesiologists who will administer anesthesia during a scheduled procedure, to provide such treatment, if such tests/procedures are ordered by my doctor(s). I authorize the above office to release all or part of my records to physicians to whom I am being referred and/or any inpatient or outpatient facility where I am scheduled to receive treatment..

I authorize the above office to use my name, address and phone number, the name of my scheduled treating physician, and the time and place of my scheduled appointment(s) for the limited purpose of contacting me to notify me of a pending appointment or other health care related communication. I also authorize the above office to disclose to third parties who answer my phone limited information regarding a pending appointment, and to leave a reminder message on my answering machine.

_____

Print Name

_____

Lifetime Signature

_____

Date