



Bloom Health Services for Women

1200 North State Street, Suite 430 Jackson, MS 39202

Phone: 601-487-7140 Fax: 601-487-7140

Welcome to Bloom Health Services for Women!

The Nurse Practitioners are registered nurses who have an advanced education and clinical experience in women's health care. As specialists, the Nurse Practitioners deliver comprehensive health care to women throughout their lifespan, with an emphasis in reproductive and gynecologic health needs. The Nurse Practitioners are well qualified to provide well-woman care, prenatal and postpartum care, care for women who are experiencing episodic acute or chronic illnesses, as well as care to men who have selected reproductive health needs or problems.

Our Nurse Practitioners are NOT physicians. They work collaboratively with Norman Connell MD, if physician services are needed or desired.

Thank you for lending Bloom your trust for your healthcare needs.

Kimberly Schlagel, WHNP-BC

I have read the above and acknowledge that Kim Schlagel, Kresty Banck and Grace Ann Mayne are nurse practitioners and not a physicians.

Signed _____ Date _____

Cancellations and Missed Appointments

Our goal is to provide quality individualized medical care. "Late cancellations" and "No Shows" are barriers for individuals who need access to medical care in a timely manner. *We recognize that certain life events make it difficult to notify us of the need to cancel or reschedule an appointment.* If you must cancel an appointment, please follow the guidelines below.

Cancellation

In order to be respectful of the medical needs of other patients, please be courteous and notify the clinic when you are unable to show up for a scheduled appointment. We require that you notify the clinic 24 hours in advance. A late cancellation exists when notice to cancel does not occur 24 hours prior to the scheduled appointment time. This timely notification will allow another individual an opportunity to receive treatment.

*Failure to cancel a scheduled appointment in a timely manner will be recorded in the medical record.

How to Cancel Your Appointment

To cancel appointments, please call your specific clinic. If you do not reach the receptionist, you may leave a detailed message on our voicemail with a number where you can be reached. A clinic representative will contact you to schedule another appointment that better meets your needs. You may text a cancellation to 601-487-7141.

Missed Appointment/ No Shows

A *NO SHOW* exists if you fail to appear for a scheduled appointment.

*Failure to appear for a scheduled appointment is recorded in the medical record.

- Each missed appointment/no show will be followed up by a clinic representative.
- Two missed appointments and/ or late cancellations may result in \$50 fee and/or separation from the clinic.

*Please Note: Missed appointments are reviewed over a 12-month period.

I do hereby acknowledge that I have received and read the guidelines above and have had any portion to the guidelines which I do not understand explained to me.

Patient or Guardian Signature

Date



Bloom Health Services for Women

HIPPA Privacy Notice Consent Form

I understand and have been provided with Bloom Health Services' Notice of Privacy Practices that provides a more complete description of information uses and disclosures. Bloom Health Services reserves the right to make changes to their Privacy Notice and revised copies are available. By signing this form, I acknowledge that I have been afforded the opportunity to consider Bloom Health Services Notice of Privacy prior to signing and making healthcare decisions.

I authorize Bloom Health Services to release medical and financial information, including any or all reports, records, bill for services rendered or opinions found in my medical chart, with respect to treatment to any alternative healthcare giver.

Bloom Health Services maintains patient medical records on electronic media which may be accessible to any healthcare provider participating in my current or future care. Medical records are disclosed according to applicable MS State guidelines.

HIPPA AUTHORIZATION TO DISCUSS YOUR MEDICAL INFORMATION

Patient Only **OR**

You may disclose my medical information to:

Please Print Name

Relationship

Phone Number

EMERGENCY CONTACT: MEDICAL INFO IS NOT RELEASED TO THIS PERSON. (HOWEVER, THIS PERSON CAN BE THE SAME AS YOUR HIPPA AUTHORIZED CONTACT.)

Emergency Contact

Relationship

Phone Number

I acknowledge that I have received a copy of Bloom Health Services Notice of Privacy Practices.

Signature of patient of legal guardian

Date

Regarding your initial laboratory services:

For your initial comprehensive laboratory panel, Bloom will utilize Boston Heart Laboratories or American Esoteric Laboratories.

Boston Heart is **NOT** in network with MOST insurance companies, namely Blue Cross Blue Shield. You will pay 100% out of pocket for Boston Heart labs, the total not exceeding \$500.00. This is an extraordinary price for the comprehensive panel that is collected.

American Esoteric Laboratories are in IN network with most insurance companies. If you elect to use this lab, your insurance will be billed and you will be charged BY THE LAB for any residual lab fees, including anything that was covered but transferred to your deductible. You will also be billed by the lab for any tests not considered medically unnecessary by your insurance. Cost will vary depending on your policy, copay and deductible amounts and labs collected. A typical explanation of benefits generated by your insurance company for the labs ordered for an initial work up reveals up to \$2,000 dollars of billed lab tests. Most patients will have an out of pocket cost of \$500-700 dollars. This is a GENERAL estimate. Lab tests ordered will vary and your cost may be higher or lower.

If you desire the comprehensive panel, choosing Boston Heart will insure that you out of pocket cost WILL NOT exceed \$500.00

Follow up labs are ordered for needed follow up on prescribed treatments or diagnoses made, ONLY. These follow up labs are sent to American Esoteric Laboratories (in network) unless you specifically request Boston Heart (out of network).

After reviewing the above information, please check one of the following:

I elect to use Boston Heart for my initial comprehensive blood panel. I understand that I will assume an out of pocket cost of no more than \$500.00 and that this lab WILL NOT BE FILED under my medical insurance.

I elect to use American Esoteric Laboratory for my initial comprehensive blood panel. I understand that I will receive a bill from American Esoteric Laboratory for any labs that are not covered by insurance, or labs that were covered but are still owed by me because of an unmet deductible. I understand that my out of pocket cost could be considerable, especially if I have NOT met my deductible.

By signing this form, you acknowledge that your laboratory services are billed separately from your services provided by Bloom. You also acknowledge that repeat and follow up lab will be billed through American Esoteric Labs and your cost for follow up labs will vary depending on your insurance coverage.

Signed _____ -Date _____

Printed _____ Date of Birth _____