

# MISSISSIPPI BREAST CENTER

1030 North Flowood Drive, Suite C

Jackson, Mississippi 39232

Telephone 601-932-9465 \* Fax 601-932-7539

*Dear Patient:*

*Welcome to the Mississippi Breast Center of the Surgical Clinic Associates. We understand how stressful the need for medical care can be and would like to help make your visit to our office as smooth as possible.*

*Please complete the attached patient information sheets and bring with you to your appointment. We will also need to have your insurance card (s) and a picture ID to scan into our system.*

*It is very important for you to have the information listed below at the time of your visit. Please check with your insurance company regarding this information before your appointment.*

- 1. What is the amount of your copay?*
- 2. Does your insurance company require that your primary care physician obtain a referral to our office?*
- 3. Is the doctor you are scheduled to see in your network?*
- 4. Which hospital (s) or outpatient surgical facilities are in your network?*
- 5. Do you have out of network benefits?*
- 6. Does your insurance company require precertification or prior authorization?*

*Please contact us with any additional questions you may have.*

*Sincerely,*

*Surgical Clinic Associates, P.A.*

**Amounts due from patients for office visits are expected to be paid at the time service is provided and for surgery when your surgery is scheduled. This includes co-pays, co-insurance, deductibles, noncovered services and self pay balances; unless other arrangements are agreed to by the Surgical Clinic Associates, P.A.**