

# WELCOME TO TEXOMA ARTHRITIS CLINIC, P.A.

Our goal is to provide you with quality care in a friendly, comfortable atmosphere and in as timely a manner as possible. This information is designed to guide you through the rapidly changing world of medicine, managed care and insurance plans. Please understand that payment of your bill is considered part of your treatment. **We accept Credit Cards, Cash, checks and Money Orders. Please read carefully and sign at the bottom of the page indicating your understanding and acceptance of our policies and procedures.**

## GENERAL OFFICE RULES

We believe your time is as valuable as ours. We do not overbook patients except in cases of emergency and we do our best to stay on schedule to avoid any delays to you. Please assist us in our efforts to stay on time in the following ways. **Please arrive on time for your appointment.** If you are more than 15 minutes late it may be necessary to reschedule your appointment for a later time.

1. If you are a new patient, please arrive 15 minutes early to allow for time to fill out necessary medical and insurance information. If paperwork was mailed or faxed to you in advance, please bring the completed forms as well as your insurance and driver's license to the office on the day of your appointment. Our receptionist will be required to keep patient information as up to date as possible. Please understand that we will ask you for a copy of your current insurance cards at each visit.
2. Please realize that it is each individual's responsibility to keep track of Appointment's made. If you need to cancel an appointment, please give us 24 hours notice so that we may schedule another patient in the time slot reserved For you. On occasion you may not receive a reminder call, however, please realize it is each individual's responsibility to keep track of appointment's made. **If you do not cancel or reschedule your appointment 24 hours in advance, a Fee of \$ 25.00 will be charged for established patients and \$50.00 for new patients.** This fee is due and payable before your next visit.
3. If you have a managed care medical insurance that we participate with, your Payment of deductibles, non-covered services and co-payments are due when services are rendered. If we do not participate with your insurance company or if you do not have health insurance coverage, payment for services is due at the time services are rendered unless our office manager has approved special arrangements.
4. Any returned checks are subject to a \$25.00 service fee. Any returned check must be resolved before any future appointments can be arranged.
5. For minor age patients, treatment will be denied unless accompanied by an adult. The adult accompanying the minor will be responsible for any payment

due on the account.

6. So as not to tie our office staff up with prescription refill requests, please be sure to ask the doctor for your prescriptions at the time of your visit.

**PAYMENT FOR ANY PROCEDURE NOT COVERED BY INSURANCE WILL BE COLLECTED BEFORE YOU ARE SEEN FOR YOUR APPOINTMENT.**

### **INSURANCE**

As a courtesy to you, we will bill your insurance company if we are a participating provider. If we do not participate with your insurance plan, you will be responsible for the cost of the office visit and any procedures performed. **Payment is due at time of service.** It is the ultimate responsibility of the patient to understand his/her coverage. Our staff cannot call your insurance company at the time of your visit to obtain information about your benefits. Insurance policies may change and/or insurance company representatives do not always give us correct or consistent information. **In the event of denials, errors, or non-covered services, the patient is responsible for all services rendered.**

Patients are responsible for their co-payments and/or deductibles at time services are rendered.

*We thank you for understanding our financial policies. This has become necessary in order to continue to accept insurance plans without having patients pay the balance up front and then wait themselves for reimbursement from their insurance company. Our goal is to make your visit with us a pleasant and professional experience. If you have any questions, please feel free to ask our staff for assistance. Thank you again for choosing us for your care.*

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Patient/Parent/Guardian

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Date