



For internal use only

Patient's acct. #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

## Patient Information

Welcome to the Diabetes & Glandular Disease Clinic. We appreciate the opportunity to care for you. The following information is provided for your benefit so that we may better serve you. Please read carefully and sign at the bottom. You will be given a copy for your records.

1. **PAYMENTS:** All applicable fees, deductibles, coinsurance, or co-pays must be paid at the time of your visit. We accept cash, checks, Visa, MasterCard, and American Express, Apple Pay
2. **CANCELLATIONS:** If you need to cancel your appointment, be sure to call us at least 24 hours before your scheduled appointment. There will be a \$65.00 administrative charge to all patients who miss their appointment and do not call to cancel or reschedule their appointment at least 24 hours in advance. This charge is not payable by any insurance company and understand that this will be your responsibility. If you cancel or reschedule your appointment without a 24hr notice, this may be considered a no show or missed appointment. After two missed appointments or no shows we may decide to terminate care.
3. **APPOINTMENT TIME:** We ask that our patients arrive on-time for their appointments. In an effort to serve all our patients well, patients arriving past their appointment time may be rescheduled. We require you to confirm your appointments by text message, email or by phone in order to ensure your appointment time, if your appointment is not confirmed you may be asked to be re assigned or rescheduled at time of arrival.
4. **HMO & PPO REFERRALS:** If your policy requires written authorization from your Primary Care Physician, we will request authorization in advance **for established patients only**. This is done as a courtesy for our patients; however, we cannot guarantee authorization will be granted. Please keep in contact with your physician to ensure your visit is pre-approved, to avoid having to make payment in full.
5. **CHANGE OF INFORMATION:** Please provide us with any change regarding your address, phone number or insurance information as soon as possible. Change of insurance will require the completion of a New Patient Information Form and may not be changed over the telephone.
6. **PORTAL MESSAGES:** All our patients have the capability to send a portal message to your provider or providers staff. Please know that if the provider feels the matter should be discussed in a visit to ensure proper time to review an issue you may be asked to schedule an appointment.
7. **MEDICATION REFILL REQUESTS:** At your office visit, your doctor will give you enough medication to last you until your next appointment. To request a refill, you can send us a portal

message or call us at 210-614-8612. We will no longer accept electronic medication refills from pharmacies.

8. **AFTER HOURS CARE *In a life-threatening emergency, please call 911.*** For urgent non-emergency matters, please dial the main office number (210) 614-8612 and leave a message with the answering service. The physician-on-call will return your phone call as soon as possible.
9. **MEDICAL RECORD/ LAB RESULTS COPY REQUEST** Requests for copies of your medical records must be made in writing on a form provided by our office. Our office will respond within 15 business days to a properly completed written request. **FEES:** As per the rules adopted by the Texas State Board of Medical Examiners, our office will charge the following for copying your medical records:
  - 9.1. \$25.00 for the first 20 pages, \$.50 cents for each page thereafter, and the actual cost of mailing, shipping or delivery, if applicable.
  - 9.2. Lab Results are available at no cost on DGD Clinic Patient's Portal. All Lab Result paper copy request will incur a \$6.00 processing fee per visit.
  - 9.3 Copies of medical records/ lab results will be retained until payment is received, unless requested by a licensed Texas health care provider or any American or Canadian licensed physician for acute or emergency medical care, or to support an application for disability or other benefits or assistance under Aide to Families with Dependent Children, Medicaid, Medicare, Supplemental Security Income, Federal Old-Age and Survivor Insurance, or the Veterans Administration.
10. **COLLECTION AGENCY:** In the event of a delinquent account balance, you will be responsible for all collection fees assessed by the collection agency onto the account.
11. **STAFF SUPPORT:** The Diabetes and Glandular Disease clinic has a no tolerance policy for physical or verbal abuse from patients or family members/caretakers of patients. We understand the medical field can be very difficult but proper communication is needed for care. Any verbal abuse towards clinic staff, may result in ending the physician-patient relationship and you will be terminated from the practice.

"I, the Guarantor of Payment and Responsible Party, have read and agree to the above policies and terms regarding payment and payment responsibilities.

\_\_\_\_\_  
Patient, Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Please Print)