



FINANCIAL POLICIES

Thank you for choosing Arthritis & Osteoporosis Center of South Texas (AOCST)! We are committed to providing you the highest quality of care, in an efficient and cost-effective manner. The following information is provided to you so that we can serve you better.

Financial Responsibility

- You are responsible for co-payments, deductibles, coinsurance amounts, non-covered services, or any other patient responsibilities indicated by your insurance carrier or our financial policies.
- Co-payments, deductibles, coinsurance, or fees for non-covered services are due at the time of service.
- In order to ensure benefit coverage for any services rendered, you must provide a valid proof of identity and insurance cards at each visit.
- If we are not contracted with your insurance company, you will be asked to pay in full at the time of visit and will be given a receipt to use if you wish to file the claim with your insurance company.
- It is the patient's responsibility to know their insurance benefit coverage. If your insurance verification and benefits cannot be determined prior to the visit, payment will be requested at the time of service. Insurance eligibility and benefits provided by your insurance company are only an estimate and not guarantee of payment by the insurer.
- If your plan requires a referral, **you** must obtain it prior to your visit. If we do not receive the referral before your scheduled appointment, we will reschedule your appointment.
- Past due accounts may be turned over to collections. We accept cash, checks, Visa, and Mastercard. There will be a \$35.00 fee for all returned checks.

Medicare

- We are Medicare participating providers; therefore, we will bill Medicare directly. You will be responsible at the time of service for payment of the copayments, annual deductibles, and charges for non-covered service.

Your signature below authorizes the release of any medical information necessary to process an insurance claim on your behalf. Your signature below also authorizes your insurance carrier(s) to make payment directly to Arthritis & Osteoporosis Center of South Texas for services rendered to you.

(Print Name)

Patient or Responsible Party (Signature)

(Date)



OFFICE POLICIES

Appointment Policy

- Please arrive for your appointment at least 15-minutes prior to your scheduled time so that paperwork may be completed before you are scheduled to see the doctor. You will be asked to submit your insurance cards and identification each visit. On follow up visits you will be asked to verify demographic information and insurance information so that our records will remain up to date. Please provide us with any changes or updates regarding your insurance, address, phone numbers, as soon as possible.

Cancellations & Missed Appointments

- Should you need to cancel or reschedule an appointment please contact our office no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Failure to do so may result in a missed appointment fee, which is not covered by insurance. The missed appointment fee is **\$75.00**.
- Repeated missed appointments may result in our asking you to find another specialist for your care.

Late Arrivals

- When a patient arrives late it is impossible to stay on schedule. If you arrive more than 15 mins late you may be rescheduled so that other patients are not inconvenienced.

Medication Refills

- Please have your pharmacy fax a request to 210-404-0325. We will respond within 2 business days. Refill requests must be submitted at least 3 business days in advance to be considered for approval.

Labs

- All lab fees are separate from our services. We use laboratories that are in-network for most of our patients. However, it is the patient's responsibility to know of their benefits and to inform our staff of the correct lab. If you have any questions regarding your bill for lab services, please contact the laboratory directly.

Legal Guardian

- Legal guardians of incompetent adults must bring legal documentation of medical power of attorney for us to render services.

Medical Records

- In accordance with the Texas Medical Board, we will charge a \$25.00 fee for the first 20 pages of medical records and \$0.50 for each additional page thereafter.

Forms

- Any forms needing to be completed such as FMLA, Disability, etc. are subject to a fee and require the providers approval. We reserve the right to deny completion of such forms based upon the providers discretion. If approved, forms will be completed within 3-5 business days from approval.

Non-compliance

- We reserve the right to terminate a patient's care for medical non-compliance or non-compliance with any of the above policies.

(Print Name)

Patient or Responsible Party (Signature)

(Date)