215 Oak Drive South, Suite F, Lake Jackson, TX 77566 (979) 299-1520 (office) | (979) 299 1421 (fax) | www.lakejacksonent.com

PATIENT POLICIES

We want to make sure you are aware of what to expect from our practice. The following Patient Policies address financial, appointment and clinical policies.

PAYMENT POLICIES

- If your managed care plan/HMO requires a referral to see a specialist, you are responsible for making sure your PCP has completed this and that a copy is in our office at the time of your appointment. Please be aware that referrals have expiration dates and you may be asked to obtain a new referral.
- All co-payments, co-insurance, deductibles and non-covered service fees are due at the time of service, as per our contract with your insurance carrier. If you are a self-pay patient, payment in full is expected at the time of your visit; our staff will discuss prompt-pay discounts with you.
- The parent or guardian who brings the patient to their appointment is responsible for paying the amount due at the time of service, unless prior arrangements have been made.
- Our office will send a statement of your balance after your insurance carrier has paid its share. If you are unable to pay in full, we request that you call our office to set up payment arrangements. Any balance not paid within 90 days of the first statement will be referred to an outside collection agency. Extenuating circumstances will be handled on an individual basis by the practice manager.
- Any check returned (for any reason) by your financial institution as non-paid must be paid to our office by cash or money order only
 within 10 days of notification. Failure to do so will result in the check being turned over to the county District Attorney for collection. In
 the event of a returned check or if your account is sent to a collection agency for non-payment, the patient will be discharged from our
 practice until the balance is paid in full.

APPOINTMENTS

Our staff realizes your time is valuable. We strive to accommodate your appointment requests as best we can. However, please understand that we must see some patients out of turn due to emergency circumstances. Also, due to the fact that the doctor's schedule is typically fully booked for three weeks, we kindly request that you give our office 24 hours' notice if you are unable to come for your appointment. Excessive cancellations and/or no-shows will be subject to dismissal from the practice.

TEST RESULTS

Test results will be provided once the physician has reviewed the results. Please allow a few days after your test for the results to be delivered to our office. If you had a CT performed, please bring the disc by the office. Either the physician or medical assistant will contact you with results. They may communicate via our Patient Portal or phone, depending on your preference. Standard email is not HIPAA compliant and will not be used, nor will we leave detailed information in a phone message.

PRESCRIPTION REFILLS

- Prescription refills will only be completed (except for emergency pain situations) during office hours. Please contact your pharmacy to request a refill; they will contact our office for authorization if needed. Patients must be seen within the physician-recommended time frame before a refill can be authorized.
- Refill requests will be completed within two business days of request.

MEDICAL RECORDS AND FORM COMPLETION REQUESTS

- All medical records requests must be in writing (on a HIPAA acceptable form) and received in our office 7-10 days prior to the date needed.
- A fee of \$15.00 will be charged for completion of all forms.
- You will be presented with a medical records release at your initial visit that you are welcome to sign and we will keep it on file in case you need your records at a later date.

Thank you for your understanding of these policies. If you have any questions, please ask our staff.