



GENERAL SURGICAL
Associates

PRACTICE POLICIES

Welcome to our Clinic! We appreciate the opportunity to work with you. The following information is provided for your benefit so that we may serve you better. Please read and sign at the bottom. A copy will be given for your records.

1. **PAYMENTS.** All applicable fees, deductibles, coinsurance, or co-pays must be paid at the time of your appointment. We accept cash, credit/debit card and personal checks. A \$35.00 fee will be assessed to your account for any NSF checks.
2. **CANCELLATIONS/NO SHOW.** If you need to cancel or reschedule your appointment, please call us 24 hours prior to your appointment time. We reserve the right to bill you a \$35.00 fee to cover our administrative costs. An appointment will not be made until the "NO SHOW" fee is paid.
3. **APPOINTMENT TIME.** We ask that our patient arrive on time for their appointments. This will facilitate our ability to see you as scheduled. In an effort to serve all of our patients well, patients arriving past their appointment time may be rescheduled.
4. **HMO & PPO REFERRALS.** If your policy requires written authorization from your Primary Care Physician, we will request authorization, in advance, for established patients. This is done as a courtesy for our patients; however, we cannot guarantee authorization will be granted. Please keep in touch with your physician to ensure your visit is pre-authorized, to avoid having to make payment in full. We will bill your insurance for you, however you may have additional amounts due after insurance makes payment.
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 Demographics Form and may not be changed over the telephone.
6. **AFTER HOURS CARE.** In an emergency, please dial our main number at (210) 614-5113 and leave a message with the answering service. In a life-threatening emergency, call 911.
7. **MEDICAL RECORDS REQUEST.** Request for copies of your medical records must be made in writing on a form provided by our office. Our office will respond within 15 days to properly completed written requests. FEES: As per the rules adopted by the Texas State Board of Medical Examiners, our office will charge \$25.00 for the first 20 pages and \$.50 for each page thereafter and the actual cost of mailing, shipping or delivery where applicable.
8. **COMPLETION OF FORMS.** As per the rules adopted by the Texas State Board of Medical Examiners, our office will respond to the requests for the completion of medical forms following the receipt of the appropriate fees. Forms will be completed within five business days.
9. **PATIENT PORTAL.** As a patient, you have access to our patient portal for communication, access to your medical records, as well as telephone and office encounters. This system is never used for EMERGENCY communications or URGENT requests. After you join our patient portal, it is your responsibility to protect your user name and password as you are responsible for any lost information.
10. **DISCLOSURE OF OWNERSHIP.** Our physicians have ownership interest in outside entities. During the course of your treatment, you may be referred to and/or received services at the following facilities/entities: Methodist Ambulatory Surgery Center, USPI Surgery Center, Westover Hills Ambulatory Surgery Center.

Signature

Patient Name

Date