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Office and Financial Policies

Welcome and thank you for choosing **Texas Rheumatology** for your rheumatology needs. We look forward to serving you and strive to provide you with the best quality of care. Please carefully review the following information as it is intended to serve as your guide to a smooth and productive visit.

Initial ____ **Insurance:** When making an appointment with one of our physicians, it is your responsibility to confirm with your insurance company that the physician is currently under contract with your plan. If your plan requires a referral and you or your provider does not provide one by the scheduled appointment time, please be prepared to pay for your visit in full or reschedule.

Initial ____ **Non-covered Services:** An insurance waiver may be required to acknowledge understanding of your responsibility for paying non covered services depending on your plan. If your visit is for non-covered services, please be prepared to pay for your visit in full.

Initial ____ **Check -in:** Your time is very important to you and us. It is extremely important that you provide each piece of information that is requested on both the patient information and medical history forms. This will avoid delays in creating your chart and account at your visit. Please arrive at least 15-30 minutes prior to your scheduled time so that all the paperwork may be completed before you see the physician. **You must present your current insurance card along with a valid picture I.D. to verify your identity.** This will ensure all information is entered accurately. On each follow up visit you will be asked to verify demographic and insurance information so that all records remain up to date. **All copays will be collected at the time of check-in.**

Initial ____ **Check-out:** Please note that payment of all copays/deductibles is due at the time of service. Typically, only an office visit charge is covered by your copay and any additional services or treatment are subject to your plan's specific details.

Initial ____ **No show fee and late cancellations:** To be respectful of the medical needs of other patients, please call our office promptly if you are unable to keep your appointment. This time will be given to someone who is in urgent need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least **48 hours** in advance. Our new automated system will email you 5 days prior, call you 3 days prior, and send a text message 2 days prior. A courtesy text reminder is sent the day of your appointment. A cancellation of a Follow Up Visit with less than 48 hours' notice to the office or a Follow Up Visit for which you "no-show" will result in a fee of \$50.00. A New Patient appointment cancellation with less than 48 hours' notice to the office or a New Patient Appointment for which you "no show" will result in a fee of \$100. This fee must be paid before making the next appointment. If three (3) appointments are missed, you will no longer be considered a patient of this practice. After your **third** missed appointment as a **New Patient** we will contact the referring doctor and let them know. After your **third** missed appointment as an **Established Patient**, you will be notified by mail to find another Rheumatologist. We will continue to care for you over the next 30 days for emergencies only

Initial ____ **Cell/Home Phone Communication:** Any calls will be made to the primary phone number **Texas Rheumatology** has on file for me. I understand that my primary number may be a cell/home phone number. In such case, I hereby authorize **Texas Rheumatology** to call my cell/home phone for billing and/or health care matters.

Patient Name : _____ DOB : _____

Responsible Person's Signature : _____ Date : _____