



SPINE & PAIN CENTER
OF SAN ANTONIO

Welcome to Spine and Pain Center of San Antonio! 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.
2. **CANCELLATIONS.** If you need to cancel your appointment, please call us 24 hours prior to your appointment time. After two cancellations, we reserve the right to bill you a \$40.00 fee to cover our administrative costs.
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.
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. **YOUR ATTENDING PHYSICIAN.** Once you have selected a physician, he will be your Attending Physician throughout your treatment at our office. If, during the course of your treatment your physician is unavailable, another physician may treat you in his absence. You will return to the care of Attending Physician upon his return.
7. **MEDICATION REFILL REQUESTS.** Please contact your pharmacy first. They will contact our office for authorization of the refill.
8. **TRIPPLICATE PRESCRIPTION REFILLS.** Triplicate prescriptions may be picked up at our office Monday through Thursday. Triplicate prescriptions are not available for pickup on Fridays.
9. **AFTER HOURS CARE.** In an emergency, please dial our main number at (210) 615-1901 and leave a message with the answering service. The physician on-call will return your phone call as soon as possible. In a life-threatening emergency, call 911.
10. **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 \$.15 for each page thereafter and the actual cost of mailing, shipping or delivery where applicable.
11. **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. Fees for forms are as follows: FLMA 50.00, handicap placard 5.00, disability – long form 25.00, disability - short form 20.00, food stamp forms 10.00.
12. **COLLECTION AGENCY FEES.** In the event that your account is turned for collection to a collection agency, you will be responsible for the collection agency fees.

Signature

Patient Name

Date