**Marissa N. Largoza, M. D., P. A.**

**D. Rene Saenger, M. D., P. A.**

**Kelly J. Morales, M.D., P.A.**

**Our Office Policy**

Welcome to our office and thank you for choosing one of our physicians for your medical care. The following are our office policies. As a patient you are expected to respect and agree to the following:

**Please Initial**

\_\_\_\_\_ 1. **PAYMENTS**: All applicable fees such as: deductible, coinsurance, and co-pays must be paid at the time of service. Our office accepts cash, checks, Visa, and MasterCard. If we process a returned check you will be charged a $25.00 fee and we will no longer accept your checks as a form of payment.

\_\_\_\_\_ 2. **HMO & PPO REFERRALS**: If your insurance policy requires a written authorization from your **P**rimary **C**are **P**hysician for an appointment, you must notify your PCP to process the request prior to your visit.

\_\_\_\_\_ 3. **INSURANCE VERIFICATION**: As a policy holder, it is your responsibility to call your insurance and verify that the physician you selected is a provider of your plan. You must provide your insurance card **(we do not accept copies or hand written information)** at every visit to verify the insurance carrier otherwise you will be expected to pay for your visit.

\_\_\_\_\_ 4. Any benefit verification provided to you by our office is information received from **YOUR** insurance carrier who state “the benefits or estimation given are not a guarantee of payment” which means verification or pre-authorization is not a promise of payment. Ultimately, you are responsible for your account balance.

\_\_\_\_\_ 5. **MEDICATION REFILLS**: When requesting a refill, contact your pharmacy first, they will call our office to receive authorization. Please call for a refill when you still have at least one week’s supply of medication. Keep in mind the refill process may be delayed by insurance, a holiday, or the weekend. Refills are not considered an emergency.

\_\_\_\_\_ 6. **APPOINTMENT TIME**: We ask you arrive on time for your scheduled appointment. If you arrive after your scheduled appointment time you may be rescheduled. At times, your physician may run late due do unscheduled deliveries, we ask for your patience.

\_\_\_\_\_ 7. **CANCELLATIONS**: If it is necessary to cancel your appointment, we ask that you call at least 24 hours prior to your scheduled appointment. If you miss three appointments, at the physician’s discretion, you may be terminated from her practice.

\_\_\_\_\_ 8. **AFTER HOURS CARE**: In case of an emergency, please dial the main office number (210) 692-0831. Our answering service will take your message and locate the physician on call. The physician on call will return your phone call as soon as possible.

\_\_\_\_\_ 9. **INFORMATION CHANGES**: Please provide our office with **ANY** changes regarding your address, phone number, employment information, and medical insurance as soon as possible.

\_\_\_\_\_ 10. **NON-COMPLIANCE**: Our office reserves the right to discontinue care due to non-compliance with your plan of treatment or any of the policies of this office.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Guarantor of Payment and Responsible Party, agree to the above policies and agree to the terms regarding payment and responsibilities.

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Patient/Guardian Signature Date

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Printed Patient/Guardian Name Witness Initials

(Revised 2/2015)