



Welcome to Rio Grande Pain Team! 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.
3. **APPOINTMENT POLICY.** We ask that our patient arrive on time for their appointments. This will facilitate our ability to see you as scheduled. If a patient misses three (3) consecutive appointments while under prescription medical care, we reserve the right to discharge patients that are non-compliant and will no longer be able to treat you.
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. **PRESCRIPTION REFILLS.** It is your responsibility to request medication refills three days prior before your refill is due. We cannot guarantee same day refills. At times, you may be required to submit to a urine drug screen prior to receiving your refill.
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. **RETURNED CHECK FEES.** In the event that your check is returned for insufficient funds or for closed account status, we will assess a \$50.00 fee per check returned. The check will not be reprocessed at the bank and the fee and check amount is payable only in cash.
9. **DISCLOSURE NOTICE.** Our Practice, Rio Grande Pain Team, owns an ownership or investment interest in Doctors Hospital at Renaissance, Ltd. I may refer you to Doctors Hospital at Renaissance for treatment or testing. This notice is provided to you as required by federal law and the hospital's rules and regulations.
10. **HIPAA INFORMATION RELEASE.** I authorize Rio Grande Pain Team to talk with the following persons regarding my appointments and medical care:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date