

Welcome to El Paso Pulmonary Association! The following information are policies designed to serve you the best way possible. Please read, initial and sign at the bottom. A copy is available of this form and complete policies upon your request.

Check as read or initial:

- _____ 1. OUR MISSION is to provide our patients with the best quality medical care possible. We offer that if circumstances delay your appointment, you will receive the time and dedication you require.
- _____ 2. RESPONSIBILITY. All applicable fees, deductibles, coinsurance, or co-pays must be paid at the time of your appointment. We accept cash, checks, and all major credit cards. NSF charge is \$35.00. If questions please ask for our complete financial policy.
- _____ 3. APPOINTMENT TIME. We ask that our patients arrive at the time indicated before their appointment; this allows time for registration and to see you as scheduled. Patients arriving past their appointment time may need to be rescheduled
- _____ 4. CANCELLATIONS/NO SHOWS. Appointment cancellations must be done at least 24 hours before your appointment. A \$25.00 no-show fee may be charged for late cancellations or missed appointments.
- _____ 5. UPDATED INFORMATION. Please provide us with current information for your file at all times.
- _____ 6. YOUR DOCTOR. You will be under the care of your selected physician at the office; however, if your physician is unavailable, another physician or Nurse Practitioner in the group may see you. You will return to your doctor upon his/her return.
- _____ 7. NURSE PRACTITIONERS. A Nurse Practitioner is not a doctor, they are highly trained practitioners able and licensed to diagnose, treat, and monitor diseases of common, acute or chronic nature. They work in coordination with some of our doctors. A Nurse Practitioner might see you for follow up appointments and /or during hospitalizations.
- _____ 8. HOSPITALIZATION. Our doctors cover several hospitals on a rotating schedule. If you should require hospitalization, you will be seen by the physician on-call during your hospital stay; however, you will follow up in office with your established doctor.
- _____ 9. HOSPITALS- Our Doctors **DO NOT GO to DEL SOL or to LAS PALMAS**. They go to the Hospitals of Providence known as Sierra, Memorial and East Campuses in El Paso and to Memorial Medical Center in Las Cruces, New Mexico.
- _____ 10. MEDICATIONS. **Please bring all** of your medication bottles to ALL of your visits. Failure to do this may result in having to reschedule your appointment.
- _____ 11. MEDICATION REFILLS must be requested (1) one week prior to running out. You can request refill via patient portal or telephone call but only during office hours. **No refills are honored after office hours.**
- _____ 12. LAB, X-RAY, AND OTHER TESTING. Patients are expected to follow all orders given by their physician with enough time for results to be obtained before their next appointment. If unable to get your tests your appointment must be rescheduled.
- _____ 13. INSURANCE BENEFITS. This office will verify your benefits to the best of our ability with the current information you provide and on your behalf; however, verification of coverage does not mean that all services rendered will be covered during your visit. Any uncovered services, supplies and/or treatments are the patient's responsibility and must be paid upon receipt of notification.
- _____ 14. REFERRALS FROM SPECIALISTS. If your insurance requires a referral to obtain our services, you must make sure that the referral is in our office at least 1 week before any of your appointment(s).
- _____ 15. AFTER HOURS CARE. In case of emergency, please call 911. Our main number (915) 532-2477 is transferred to an answering service after hours who will transfer calls to the on-call physician.
- _____ 16. RESPECT. We expect our patients to treat our staff and associates with respect. We pledge to treat our patients with the outmost respect and dignity. Please contact administration if you have any questions, complaints or suggestions to serve you better.
- _____ 17. NON-COMPLIANCE. We reserve the right to dismiss patients for non-compliance with any of our policies, including the ones mentioned herein.
- _____ 18. MESSAGES. We communicate with an automatic telephone dialing system to deliver via text, voice or pre-recorded messages. With your signature below you confirm you have read the terms and are consenting to receive messages from us.
- _____ 19. GOVERNING LAW. All patients, EPPA and respective representatives agree that all healthcare rendered shall be governed by Texas laws exclusively- See complete policy for details.

Copies of the complete policies are available for you. These policies are necessary to be able to serve you in the most efficient way and at the same time be in compliance with all rules that are imposed on providers of medical services.

"I, patient and or Responsible Party, have read the above policies and agree to all the terms".

Signature of Patient or Responsible Party

Date