



## Family Focused Care & Health Fusion of Texas Financial and Office Policies

Thank you for choosing us as your healthcare providers. The following are our Financial and Office Policies. Please read and sign at the bottom. Please feel free to call or text us with any questions regarding these policies.

**Proof of Insurance:** We must obtain a copy of your valid government-issued identification and a current, valid insurance card. Please bring these items with you to each visit. Payment in full is required if we are unable to verify your insurance information.

**Patient Responsibility:** We participate in many insurance plans. We recommend you become familiar with your insurance benefits and confirm our participation with your plan. Most misunderstandings about insurance can be avoided if you understand what your policy covers. Please contact your insurance company with any questions you may have regarding your coverage.

**Payments due at the time of service (insured):** Copay, deductible, coinsurance payment will be due at time of service.

**Appointments:** We see patients by appointment only. Same day appointments are usually available for urgent or sudden illness.

**Late Arrivals:** Please arrive on time for your appointment. If you arrive late to your appointment, our office may have to reschedule your appointment to a new time and/or date.

**After Hours Calls:** If you are experiencing a life-threatening medical emergency, call 911. If you need assistance during non-business hours, please contact our office, press 1 to leave a voicemail. A team member will return your call. Note that medication refills and rescheduling appointments will not be handled through our afterhours call. If your call is not of an urgent nature, you will be assessed a fee of \$25.

**Cancellations & No shows:** Please notify us 24 hours in advance by text or phone if you must cancel or change your appointment time. **There will be a fee of \$25 for a no show or cancellation of less than 24 hours for office visits, and a fee of \$50 for physicals and pellet appointments.**

**Treatment of Minors:** Patients under the age of 18 must be accompanied by a parent or guardian or have written permission for treatment, from a parent or guardian.

**Labs Ordered by Other Providers:** We do not draw lab work which has been ordered by other providers.

**Narcotics:** We do not prescribe narcotics for chronic use. We do not call-in narcotics after hours. If you require the use of narcotics, our providers will refer you to a pain management specialist.

**Insurance Carriers Requiring Referral:** If you are referred to a specialist and your insurance carrier requires a referral number, please allow up to **THREE BUSINESS DAYS** to process this referral.

**Form completion:** All forms requiring medical review and provider signature – including FMLA, disability and/or other paperwork may be subject to an administrative fee of \$30.00. Administrative fees may be waived if the patient has a scheduled appointment in conjunction with forms completion.

**Medical Records:** We will provide you with a copy of your medical records upon request and for a fee. You will need to sign a medical records release prior to having them copied. Please allow up to 15 business days for this request to be processed.

**Billing:** If you received a bill from us, we believe the balance is your responsibility. If you have any questions, please contact our billing department at (469) 612-6526 or [billing@usereticle.com](mailto:billing@usereticle.com).

**Non-payment & Returned Checks:** Unpaid accounts will be referred to our in-house collection process and could result in dismissal from the practice. There will be a \$30 fee for all returned checks.

**Consent to Treatment:** I consent to evaluation, diagnostic procedures, testing and treatment as directed by Family Focused Care/Health Fusion of Texas providers or his/her designee. I acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as to the outcome of the treatment. I have read the above statements and hereby consent to the treatment of myself, or the minor named above.

**Assignment of Insurance Benefits**

I hereby assign all applicable health insurance benefits and all rights and obligations that I and my dependents have under my health plan to Family Focused Care and its representatives and I appoint them as my authorized representative with the power to: file medical claims with the health plan, file appeals and grievances with the health plan, and discuss or divulge any of my personal health information or that of my dependents with any third party including the health plan.

I certify that the health insurance information that I provided to Family Focused Care/Health Fusion of Texas is accurate as of the date set forth below and that I am responsible for keeping it updated.

I am fully aware that having health insurance does not absolve me of my responsibility to ensure that my bills for professional services from Family Focused Care/Health Fusion of Texas are paid in full. I also understand that I am responsible for all amounts not covered by my health insurance, including co-payments, co-insurance, and deductibles.

**Acknowledgement:**

I acknowledge that I have read the above policies, and a copy of the Family Focused Care & Health Fusion of Texas Office and Financial Policies are available at my request.

Printed Name: \_\_\_\_\_ Patient/Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_