

# WELCOME BACK TO TEXAS DIABETES & ENDOCRINOLOGY, P.A.

**THANK YOU IN ADVANCE! WE APPRECIATE YOU UPDATING YOUR INFORMATION ANNUALLY SO WE CAN BETTER ASSIST YOU.**

**PLEASE TURN THIS INTO THE FRONT DESK WHEN COMPLETED.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Legal Gender: M or F

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Marital Status (please circle) : Single / Married / Separated / Divorced / Widowed / Other \_\_\_\_\_

Race (please circle): White / African American / Asian / American Indian / Other \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Preferred Language: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License: \_\_\_\_\_ State: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Pharmacy Benefits: \_\_\_\_\_ Policy #: \_\_\_\_\_ RX Group# \_\_\_\_\_

RX Bin# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Most convenient means of communication for appointments, lab results and general information:

*Please note: if you provide an email address, we can communicate to you via our patient portal.*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Appointment reminders are sent through an automated service via Text Message and/or Email.**

**If this is not convenient, please let us know.**

If you wish to not be reminded of any future appointments at all, please select this box:  DO NOT CONTACT

**\*\*PLEASE INFORM OUR OFFICE OF ANY INSURANCE, PHONE NUMBER, OR ADDRESS CHANGES PRIOR TO ANY FUTURE VISITS\*\***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MINOR PATIENTS – please provide a parent or guardian's Name and Social Security Number**

**Parent/Guardian (print)** \_\_\_\_\_

**Parent/Guardian (signature)** \_\_\_\_\_

**SS#** \_\_\_\_\_

**Please be advised that our Privacy Policy is posted in our waiting room for you to review.**

Should you have any questions concerning this policy, please inquire at the front desk.

# Patient Financial Policy

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our Office Manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

All payments are due at the time of service. This includes co-pays, deductibles, and coinsurances.

## Your Insurance:

If we are providers for your insurance, we will bill your insurance and collect only the patient responsibility amount at the time of service. IT IS YOUR RESPONSIBILITY TO INFORM US OF ANY CHANGES WITH YOUR INSURANCE. Many insurance plans have "timely filing deadlines". If we are not provided with accurate information at the time of service, you will be responsible for payment in full for all services rendered. Please keep in mind that your insurance is a contract between you and the insurance company. Not all insurances will cover procedures. **While we make a good faith attempt to verify coverage, we are not able to guarantee that the information given to us by you or your insurance is correct. It is your responsibility to know what services may or may not be covered by your insurance.** Texas Diabetes & Endocrinology has preferred provider contracts with most major insurance companies. Please contact your insurance company directly to determine your coverage.

***Please note: If you have Medicaid or obtain Medicaid at any time during your care, you understand TD&E is accepting you as a private pay patient and that you are responsible for payment of any and all services rendered at time of service. TD&E will not file a claim to Medicaid for the services that are provided to you. Your signature below indicates your understanding and agreement with this policy.***

## Private Pay Patients:

- Effective 6/15/20, all New & Existing Private Pay patients will be required to securely store a Credit Card on file prior to their scheduled appointment. The following business day, a 20% discount will be applied before the balance is deducted from the Credit Card on file. (See section titled "Convenient Auto-Payment" below for more details)
- If placing a Credit Card on file is not preferred by the patient, the estimated out of pocket expense for the appointment will be required in full prior to checking-in. Payment can be made over phone or in person.

## Minor Patients:

- For all services rendered to minor patients, the accompanying adult or the parent/guardian with custody is responsible for payment.

## Other Fees:

- In certain circumstances, your provider may charge for telephone services that include more extensive medical discussions. This charge will be billed to you directly.

## Payments:

- We accept cash, debit cards, Visa, Mastercard, Discover, American Express and personal checks.
- Any outstanding balances are due within 30 days of your first payment reminder sent via email.
- If payment is not received within 60 days, your account may be sent to a collections agency. An administrative fee of 30% of your total balance will be added to your account. Please note: If you have an appointment scheduled, the total balance will be due upon check-in. If you are unable to pay the full amount, a payment arrangement can be made with a credit card on file. Failure to resolve your account will result in your appointment(s) being canceled.
- If you experience circumstances beyond your control, please contact our billing office and we will be happy to make payment arrangements.

## Convenient Auto-Payment:

Retain your credit card on file in a safe encrypted environment. This feature is available to ensure all of your payments are received on time and helps you avoid the 30% administrative fee if paid after 60 days. By enrolling in convenient auto-payment, we can use to collect copays and bill your insurance first and notify you via email 5 days before your credit card is charged for balances due.

**I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time.**

---

Printed Name of Patient or Patient Representative

---

Date:

---

Signature of Patient or Patient Representative

---

Relationship to Patient

# Texas Diabetes & Endocrinology, P.A.

## Friendly Patient Reminders

**Appointments:** We will make every effort to schedule an appointment within a reasonable time frame with one of our practitioners. We appreciate our patients and understand that your time is valuable. Our goal is to be as punctual as possible and to see you in a timely manner. We require a 24 hour notice to cancel your appointment. This allows us to give your appointment to another patient. There is a \$50 charge for no show appointments and same day cancellations. If we are unable to confirm your appointment due to incorrect phone numbers, your appointment will be cancelled.

**Lab Reporting and Review:** Lab testing is a necessary tool in the treatment of chronic conditions. It is important that you get your lab tests done and keep your follow up appointments to discuss your plan of care. If lab testing is done between visits, results will be reported within two weeks through our patient portal or via mail. You may be contacted via phone by a nurse with instructions. Please allow two weeks before contacting our office to allow time for lab processing, review, and mailing of results. If you would like for us to review and interpret labs done elsewhere, please get copies of the labs and bring them with you to the appointment. **PLEASE NOTE: ALL LABORATORY ORDERS ARE SENT ELECTRONICALLY TO CLINICAL PATHOLOGY LABORATORIES (CPL), AS OUR DESIGNATED LAB. IF YOU USE A DIFFERENT LAB, PLEASE NOTIFY YOUR PROVIDER AT YOUR VISIT. WE ARE NOT RESPONSIBLE FOR OBTAINING LABS DONE AT OTHER OFFICES.**

**Medication Refills:** We provide 30 and/or 90 day prescriptions for up to one year, when notified by your pharmacy that your prescription has expired. However, if you do not routinely keep your appointments, do follow up lab work as requested, or stay in compliance with your Plan of Care, we will **only** allow refills to get you to your next appointment (usually 3-4 month supply only). This is strictly for patient safety and compliance. We send prescriptions electronically, so if you are using a mail order company please notify them when you would like your prescriptions filled and shipped. If you need a refill between visits, please do not contact our office. Contact your pharmacy and they will send a refill request on your behalf. Please allow 48 hours for processing of these refills.

**Nurse Call Backs:** To better serve your needs, nurses are available via phone from 8:00a.m. – 12:00p.m. and 1:30p.m. – 4:30p.m. If the nurses are unavailable, please leave a voicemail message. Voicemail is checked several times throughout the day. If you are a portal patient, please send a portal message for all your needs- you should get a response within 24 hours or sooner. If you do **not** want to join our portal, and need to call and leave a message, please know it *may* take up to 72 hours for a return call for all **NON-URGENT** items. If you have an urgent request, please speak directly with the front desk and do not leave a message. **\*Please note: MyTDE patient portal is the most convenient means of communication for appointments, lab results, and general information. If you provide an email address, we can communicate to you via our MyTDE patient portal.**

### HIPAA RELEASE OF INFORMATION/ PRIVACY PRACTICES

I acknowledge that I have received Texas Diabetes & Endocrinology's Notice of Privacy Practices, which describes the ways in which the practice may use and disclose my healthcare information. Please list names, relationships, and contact numbers of all persons TDE is authorized to release medical information to.

\_\_\_\_\_  
Name Relationship Contact Number

\_\_\_\_\_  
Name Relationship Contact Number

\_\_\_\_\_  
Name Relationship Contact Number

\_\_\_\_\_  
Printed Name of the Patient

DOB: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Responsible party if a Minor

Date \_\_\_\_\_