TEXAS DIABETES & ENDOCRINOLOGY, P.A.

6500 North Mopac*Bldg. 3, Ste. 200*Austin, TX 78731
5000 Davis Ln*Ste 200*Austin, TX 78749
110 Deer Ridge Dr*Round Rock, TX 78681
Phone: (512) 458–8400*Fax: (512) 458-8593

PATIENT DEMOGRAPHICS

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: _____

Address: _____

Primary Insurance: _____ Policy #: _____ Group #: _____

Secondary Insurance: _____ Policy #: _____ Group #: _____

Pharmacy Benefits: _____ Policy #:_____ RX Group#_____ RX Bin#_____

Emergency Contact: _____Phone: _____ Relation: _____

Referring 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 Information

Due to the many changes in healthcare and our ability to comply with those changes and the growth in our practice, we have implemented the following policies and procedures for our office.

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.

Telehealth policy: Effective 8/1/21, all Telehealth dues (copay, deductible, coinsurance) must be paid prior to joining your telehealth visit. You may do so by using our pre-registration link that is sent to you via email/text, or by calling our billing department. You may also store you credit card on file. Please refer to our card on file policy. If payment is not received prior to your telehealth appointment, your visit may be changed to an in-person visit. All payments are due by time of service of the appointment. *Please note: Insurance coverage for telemedicine is impacted by federal and state laws as well as insurance company policies. You should always check with your insurer regarding how telemedicine is covered under your particular policy.*

Advanced Practice Providers: Texas Diabetes & Endocrinology utilizes physician assistants and advanced practice nurses to assist in the delivery of medical care. Physician assistants and advanced practice nurses are not doctors, however they can diagnose, treat, and monitor common acute and chronic diseases as well as provide health maintenance care. A physician assistant is a graduate of a certified training program and is licensed by the state medical board. An advanced practice nurse is a registered nurse who has received advanced education and training in the provision of health care. Nurse Practitioners and Clinical Nurse Specialists are advanced practice nurses. Your signature below indicates your understanding that some services may be rendered by an Advanced Practice Provider.

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: CLINICAL PATHOLOGY LABORATORIES (CPL) IS 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.***

Continuous Glucose Monitoring System (CGMS): If your healthcare provider has requested that you have the "Professional CGMS" placed in-office, you will be expected to wear this device for 10-14 business days. You will be scheduled for an office visit to remove the CGM device and download the data. At this visit, a Advanced Practice Provider will analyze the CGM data obtained to determine your next step in treatment. If your healthcare provider determines a "Personal CGMS" is the best option for you, they will review the options available in order to start the ordering process. Dependent on the model, you may require an office visit for additional training once the device has been received. **Texas Diabetes & Endocrinology requires all Personal CGMS device users to provide their CGM data for interpretation & analysis at each visit. CGM data allows for the direct observation of glycemic excursions and daily profiles, which allows your healthcare provider to make informed decisions on immediate therapy and/or lifestyle modifications. CGM data also provides the ability to assess glucose variability and identify patterns of hypo-and-hyperglycemia.** *Please note: A CGM Data Interpretation & Analysis will be charged at each office visit*

Continuation - Patient Information

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 72 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 48 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.

Patient Portal: 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**. Never use the patient portal for time sensitive communication or emergencies.** Your healthcare provider may only have time to check their messages at the end of the day or beginning of the following day. **Expect at least 48 hours before receiving a response.** *Please note: Effective 3/1/2024, you may be billed for medical questions asked via the patient portal that meet the criteria for online digital evaluation and management services (based on time and complexity). By communicating in this manner, you are consenting to these services.*

Letters & Forms: If you request that we generate a letter on your behalf, your account will be charged $25.00. The fee is due when the letter is requested. This is not a covered insurance benefit and will be billed directly to the patient. Should you misplace any forms generated by this office there will be a $10.00 charge for replacing them. This is not an insurance benefit and is due at the time of the request. This includes lost prescriptions, lab requisitions, and physician orders for testing.

Contacting You: Texas Diabetes & Endocrinology and any of our affiliates or vendors, such as collection agencies, may contact you by telephone or text message using any phone number you have provided to us, or any other phone number associated with your account, including wireless or mobile phone numbers. We may use any method to contact you at these numbers, such as an Automated Telephone Dialing System (ATDS) or prerecorded message. You must notify us if you have given up ownership or control of any such phone numbers.

Signature: _____ Date: _____

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. *(See section titled "Credit Card on File" below for more details)*

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.

Our billing office is very experienced in dealing with your insurance companies and will be happy to provide whatever information you desire about your account. We deal with many insurance companies, and each has its own way of determining payment. Although we assist in the filing of claim forms to make it easier for the patient and help receive maximum benefits for the patient, we find some of the insurance companies and policies restrict the amount they will pay. The billing office will gladly assist you in appealing any claim, but ultimately you are responsible for the balance of the bill. Likewise, if the insurance company refuses payment for any reason, any fees are patient responsibility.

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 "Credit Card on File Policy" 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:
- Effective 3/1/2024, you may be billed for medical questions that meet the criteria for online digital evaluation and management services (based on time and complexity). By communicating in this manner, you are consenting to these services.
- In certain circumstances, your provider may charge for telephone and/or portal services that include more extensive medical discussions. This charge will be billed to you directly.
- Ancillary charges may apply for CGM users and other applicable diagnosis.

Continuation- Patient Financial Policy

Payments:

- We accept 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.

Credit Card on File Policy

We have implemented a new, convenient payment policy using Credit Card on file. As you are aware, the current state of healthcare in our market has resulted in significant changes in insurance policies, co-pays, deductibles, and premiums. Unfortunately, a great deal of the financial burden now falls on the patient as a result. There are insurance plans that require deductibles and copayments in amounts unknown to you, or to us, at the time of your visit. ALL PATIENTS will be asked for a credit card at the time you check in, and this information will be held securely. The amount that we will charge to the credit card on file will be the financial responsibility that the insurance company requires you to pay.

Phreesia, our credit card vendor, encrypts and stores card information via a secure credit card processor. Office personnel will not have access to your card information.

Cards on File will be used for:

- Co-pays –When you come into the office, we will ask you if you want to use your card on file to pay your copay. You may choose to present another card if preferred, or any other form of payment accepted by our office.
- Deductibles – Your card on file will be utilized to settle any deductible amount after your insurance plan has paid their portion. Contact your insurance plan to determine how much of your annual deductible has been met, prior to each visit.
- Co-Insurance – Your card on file will be utilized to pay for your percentage not covered by insurance and not paid at time of service.
- Outstanding Balances – if your account has an outstanding balance, your card on file may be used to settle that outstanding balance. If the outstanding balance is too large for one transaction, a payment plan may be worked out.

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 the Patient Date

_____ _____

Signature of Patient or Responsible party if a Minor Relationship to Patient

Assignment of Benefits Form

Financial Responsibility:

All professional services rendered are charged to the patient and are due at the time of service, unless other arrangements have been made in advance with our business office. Necessary forms will be completed to file for insurance carrier payments.

Assignment of Benefits:

I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health/medical plan, to issue payment check(s) directly to Texas Diabetes & Endocrinology, P.A. for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

Authorization to Release Information:

I hereby authorize Texas Diabetes & Endocrinology, P.A. to: (1) release any information necessary to insurance carriers regarding my illness and treatments; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.

I have requested medical services from Texas Diabetes & Endocrinology, P.A. on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized.

I further understand that fees are due and payable on the date that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.

_____ _____

Patient/Responsible Party Signature Date

HIPAA RELEASE OF INFORMATION/ PRIVACY PRACTICES

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.

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. I understand that I may contact the Privacy Officer designated on the notice if I have a question or complaint. To the extent permitted by law, I consent to the use and disclosure of my information for the purposes described in the Notice.

_____	_____
Patient Name	**Date of Birth**
_____	_____
Patient's Signature	**Date**
_____	_____
Personal Representative/Guardian Name	**Relationship to Patient**
_____	_____
Personal Representative/Guardian Signature	**Date**

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**

FOR OFFICE USE:

If the signed acknowledgement could not be obtained from the patient or representative, the reason(s) must be documented.

1. Please explain why the patient did not sign an acknowledgement form:
   [ ] Patient Refused to Sign
   [ ] Patient Communication Barrier
   [ ] Emergency Situation
   [ ] Other: _____
2. Completed by:

_____	_____	_____
Employee Signature	Title	Date

HEALTH SUMMARY REPORT

Texas Diabetes and Endocrinology, P.A.

Patient Name: _____ Date of Birth: _____

Referring Physician: _____ Phone: _____

Primary Doctor: _____ Phone: _____

OB/GYN: _____ Phone: _____

Pharmacy: _____ Phone: _____

Past Medical History: **Date:**

_____

_____

Past Surgeries: **Date:**

_____

_____

Medication List: **Dosage:**

_____

_____

_____

Drug Allergies:

_____

Family Medical History (not patient): **CHECK ALL THAT APPLY**
(Father, Mother, Sibling, Children, Aunt, Uncle, Grandparent; please specify)

	Diabetes	Relationship:		Heart Attack	Relationship:		Other
	Thyroid	Relationship:		Stroke	Relationship:		
	Osteoporosis	Relationship:		High Blood Pressure	Relationship:		
	Cancer	Relationship:		Cholesterol	Relationship:		

Social History:

Occupation: _____

Marital Status: Married Single Divorced Widow Partner Children: # _____

Affirmed Gender (if different than legal gender): _____ Preferred Pronoun: _____

Tobacco Use: Y N Frequency: _____ Previous Smoker? Y N How long? _____

Alcohol Use: Y N Frequency: _____ Drug Use: Y N Frequency: _____

Complete ONLY if you are a Diabetic:

1. Recent flu shot? Y or N When? _____
2. Pneumonia vaccine? Y or N When? _____
3. 7. Last dental cleaning? _____

5. Last eye exam? _____

6. Last foot exam? _____

Office Use Only :
Height _____ft_____in Weight:_____ BP:_____ Pulse:_____