



PATIENT POLICIES

Welcome to our VAYU Advanced Wound Clinic & Hyperbarics! 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 at your request.

PAYMENTS: All applicable fees, deductibles, coinsurance, or co-pays must be paid at the time of your appointment.

CANCELLATIONS/NO SHOW: If you need to cancel your appointment, please call us 24 hours prior to your appointment time. For each NO SHOW, we reserve the right to bill you a \$40.00 fee to cover our administrative costs.

APPOINTMENT TIME: We ask that our patient arrive on time for their appointments. This will facilitate our ability to see you as scheduled. In an effort to serve all of our patients well, patients arriving past their appointment time may be rescheduled.

HMO REFERRALS: If your policy requires written authorization from your Primary Care Physician (PCP), 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.

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 Demographics Form and may not be changed over the phone.

AFTER HOURS CARE: In an emergency, please contact your Primary care physician. In a life-threatening emergency, call 911.

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.

COMPLETION OF FORMS: As per the rules adopted by the Texas State Board of Medical Examiners, our office will respond to the requests for the completion of medical forms following the receipt of the appropriate fees. Forms will be completed within five business days.

COLLECTION AGENCY FEES: In the event that your account is turned for collection to a collection agency, you will be responsible for the collection agency fees.

Signature: _____

Patient Name: _____ Date: _____