



Texas Rheumatology

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Office and Financial Policies

Welcome and thank you for choosing **Texas Rheumatology**. We look forward to serving you and strive to provide you with quality care. Please carefully review the following information:

Initial ____ **Insurance:** When making an appointment with one of our physicians, it is your responsibility to confirm with your insurance company that the physician is currently under contract with your plan. If your plan requires a referral and you or your provider does not provide one by the scheduled appointment time, please be prepared to pay for your visit in full or reschedule.

Initial ____ **Non-covered Services:** An insurance waiver may be required to acknowledge understanding of your responsibility for paying non-covered services depending on your plan. If your visit is for non-covered services, please be prepared to pay for your visit in full.

Initial ____ **Day of Visit:** Please complete the requested paperwork in full. Please arrive at least 15-30 minutes prior to your scheduled time. **You must present your current insurance card along with a valid picture I.D. to verify your identity.** On each follow up visit you will be asked to verify demographic and insurance information. **All copays/deductibles will be collected at the time of check-in.** Typically, only an office visit charge is covered by your copay and any additional services are subject to your plan's specific details.

Initial ____ **Forms:** Texas Rheumatology healthcare providers **do not** determine or fill out paperwork for Long Term/Permanent Disability or Emotional Support Animals. The practice will fill out FMLA and Short-Term Disability forms at its discretion.

Initial ____ **No show fee and late cancellations:** Please call our office promptly if you are unable to keep your appointment. To cancel your scheduled appointment, please call at least **48 hours** in advance. Our automated system will email you 5 days prior, call you 3 days prior, and send a text message 2 days prior. A courtesy text reminder is sent the day of your appointment. A cancellation of a Follow Up visit with less than 24 hours' notice to the office or a Follow Up visit for which you "no-show" will result in a fee of \$50.00. A New Patient appointment cancellation with less than 24 hours' notice or "no show" will result in a fee of \$100. This fee must be paid before making the next appointment. If three (3) appointments are missed, you will no longer be considered a patient of this practice. After your **third** missed appointment as a **New Patient** we will contact the referring doctor and let them know. After your **third** missed appointment as an **Established Patient**, you will be notified by mail to find another Rheumatologist. We will continue to care for you over the next 30 days for emergencies only.

Initial ____ **Phone Communication:** Any calls will be made to the primary phone number **Texas Rheumatology** has on file for you. I hereby authorize **Texas Rheumatology** to call my cell/home phone for billing and/or health care matters.

Patient Name

DOB

Signature (Patient/Parent/Guardian)

Date