



TEXASKIDNEYCENTER

caring for your kidneys in a conscientious way

PAYMENT AND POLICIES

PAYMENT IS DUE AT TIME SERVICE IS RENDERED, unless other arrangements have been made PRIOR to the services being rendered. This includes Co-Pays and any remaining balances.

- For patient's convenience, our office accepts cash, checks, all credit cards, debit cards, and flex pay cards.
- The patient is responsible for all NON-COVERED SERVICES.
- There is a \$35 return check fee.

We understand that unforeseen circumstances may arise that require you to cancel or reschedule your appointment. In an effort to provide exceptional care and minimize any negative impact to our patients and staff, we have implemented the following cancellation policy.

- Neglecting to notify the office of a cancellation prior to 48 hours will result in a charge of \$50 for the first time. **Initial** _____
- Neglecting to notify the office of a cancellation prior to 48 hours will result in a charge of \$75 for the second time. **Initial** _____
- A no show without any documentation of cancellation will result in a charge of \$100.00. **Initial** _____
- After more than 3 offenses, the clinic reserves the right to dismiss the patient for non-compliance. **Initial** _____

If you need to cancel due to an emergency, please contact us as soon as possible to explain the situation. In these circumstances, we will do our best to accommodate your needs.

The office reserves the right to charge payment in compliance with our cancellation policy to the credit card on file. By scheduling an appointment with Texas Kidney Center, you are in agreement with our cancellation policy.

FORM COMPLETION AND/OR REQUEST FOR LETTERS

A fee will be charged for completion of forms and/or letters regarding your medical condition.

- This fee may be waived if an appointment is made specifically for the completion of a form or the writing of a letter. Otherwise, the fee will vary, depending on the nature of the request and will be due upon receipt of the form or letter. Please allow 7-10 days for preparation of the letter. **Initial** _____

We appreciate your cooperation in helping us to provide the best possible care to all our patients. By signing this you are acknowledging and agreeing to the fees and policies of Texas Kidney Center. If you have any concerns or questions, please do not hesitate to contact us.

Patient Name (print please): _____ Date of birth: _____

Patient Signature: _____ Date: _____