



Chelsea I. Clinton, M.D.

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OFFICE POLICIES of C.I. CLINTON RHEUMATOLOGY, PLLC

Please **initial** to indicate that you have read and will comply with our office policies.

____ **1. PAYMENTS.** You must pay all applicable fees, deductibles, co-insurance, copayment and prior balances at the time of your appointment. We accept cash, check, Visa, MasterCard or Discover. A \$35.00 service fee will be applied to your account for each returned check, and patients who present checks that are dishonored will be required to pay future amounts with cash or credit card. Post-dated checks are not accepted. For patients without health insurance or with plans in which our office does not participate payment is due in full at the time of service.

____ **2. INSURANCE CLAIMS.** Insurance is a contract between you and your insurance company. It is your responsibility to know if your insurer has any deductible, copayment, co-insurance, out-of-network amount, usual and customary limit, or any other type of benefit limitation, and you agree to make full payment. In order for CICR to bill your insurance company we require that you provide correct insurance information. Incomplete or inaccurate insurance information may result in patient responsibility for the entire bill.

____ **3. REFERRALS.** It is your responsibility to determine if your health insurance plan requires a primary care office referral and to obtain this referral before the scheduled visit. If the referral is not available at the time of your visit you will be asked to reschedule your appointment. It is also your responsibility to determine whether CICR is an in-network provider recognized by your insurer. If CICR is not considered in-network then you will be responsible for payment in full.

____ **4. ADMINISTRATIVE FORMS.** A \$35.00 fee or separate office visit is required for administrative forms or letters requested by our patients including, but not limited to, disability/FMLA forms or paperwork for patient assistance programs.

____ **5. CANCELLATIONS.** If you need to cancel or reschedule your appointment, please call at least 24 hours before your scheduled appointment. Patient's will be charged a \$25 fee for each late cancellation or missed appointment for follow-up visits and a \$40 fee for new patient late cancellations. CICR will NOT reschedule new patients if they miss a new patient appointment without notifying CICR in advance.

____ **6. MEDICATION REFILL REQUESTS.** We will only approve a medication refill request after business hours or on weekends if it is an emergency. Please ask Dr. Clinton to write your prescriptions at the time of your visit or make refill requests during business hours.

____ **7. NARCOTIC PRESCRIPTIONS.** Dr. Clinton does not routinely prescribe narcotics. If you are accustomed to taking narcotic medications, then a referral to pain management will be indicated if the prescription is not already being filled by another provider.

____ **9. LAB RESULTS.** A patient portal is available for you to review your lab results online. We ask that you not call the office to check on lab results unless either specifically instructed to by Dr. Clinton or if your follow up is based on these results. Otherwise, we will call you to report abnormal results that need attention.

“I, the Guarantor of Payment and Responsible Party, agree to the above policies and agree to the terms regarding payment and payment responsibilities.”

Signature of Patient: _____ Date: _____