

FINANCIAL POLICY AND WAIVER

I understand Rheumatology Clinic of Houston, P.A. (RCH) will file my medical claims upon receipt of all required information from me at the time of service. Insurance card or cards and a picture ID are required.

It is my responsibility to be knowledgeable of my insurance plan and benefits. I also understand I am responsible for any balance on my account that is from services not covered by my insurance policy. I understand deductibles, co-payments and co-insurance amounts will be my responsibility. These amounts are due prior services are rendered. Failure to satisfy any monies due may result in rescheduling my appointment.

I am aware RCH can only assist me with verification of benefits and can only quote benefits that were given to RCH by your insurance company.

I am aware of and understand the policy of the clinic's NO SHOW and last minute cancellation appointments. All appointments require a 24 hour cancellation notification. Failure to give RCH the advance notice will result in a \$25.00 fee for clinic appointments and \$50.00 for infusion appointments.

Patient Signature

Date