

PRACTICE POLICY AND FINANCIAL AGREEMENT

Welcome you to our office! We appreciate the opportunity to work with you. Please read carefully and sign at the bottom.

- 1. HUMAN RIGHTS.** You have a right to be treated with respect regardless of race, color, marital status, religion, sex, national origin, ancestry, physical or mental handicap or disability, age, or other grounds not permitted by applicable federal, state, and local laws or regulations.
- 2. CONSENT TO TREAT.** I consent to any treatment ordered by and given under the supervision of Dr. Araceli Elizalde. I acknowledge that no guarantee has been made as to the results of the medical treatment, hereby authorized. I understand that precautions consistent with the best medical practices will be carried out to protect me in case of adverse reactions to diagnostic procedures or treatment including but not limited to allergy testing, immunotherapy and infusion services.
- 3. PAYMENTS.** Allergy & Asthma Texas Health files insurance claims for insurance plans with which we participate. We accept contractual payment for covered services from these insurance plans. **Our patients are responsible for applicable co-insurance and deductible amounts. Our patients are also responsible for any and all payments for services that are no covered by insurance. All applicable fees, deductibles, coinsurance, or co-pays must be paid at the time of your appointment.** We accept cash and credit card. We do not accept checks.
- 4. PATIENT MESSAGES.** Patient initiated electronic clinical interactions (i.e., Spruce, Athena Patient Portal) may be billed as delineated by your health plan. **Non urgent inquiries will be answered within 1-3 business days.** Contact your medical center in the situation requires immediate attention or dial 911 if it is an emergency. Elaborate medical updates, concerns or questions that come up after your appointment are better addressed by scheduling another appointment with the doctor. Messages are stored in your chart.
- 5. SPRUCE TEXTING.** When texting the office after the initial appointment, limit communication to 1-2 lines. Spruce is not a live chat. Disruptive texting practices may result in discontinuation of texting privileges. There are options for direct texting with Dr. Elizalde through concierge membership programs. Contact our staff if you would like to learn more about these and other extended services not covered by insurance.
- 6. ATHENA PORTAL.** It gives you access to your medical chart, provider messaging, appointments, billing and payment info. Register at <https://19634.portal.athenahealth.com/>
- 7. NON-FACE TO FACE SERVICES.** We may bill for non-face to face services for work done before and after an office visit beyond the typical pre- and post-visit work. Examples include but are not limited to extensive record review or coordination of care in which we communicate with other healthcare entities on your behalf. This is particularly important for patients in whom we help manage one or more complex chronic condition that puts them at risk of hospitalization, physical or cognitive decline, or death. If you have at least one chronic high-risk condition that you expect to last at least three months (examples include but are not limited to asthma, food allergy, immunodeficiency disease), your insurance may pay for a health care provider's help to manage it.
- 8. DIAGNOSTIC TESTING/TREATMENT.** Allergy skin testing, breathing testing and other testing/treatment, if recommended by the physician, will be an additional charge separate from your visit. Ultimately, it is your responsibility to know the benefits of your insurance plan. For your convenience, we are happy to provide you with an estimate of your total out of pocket cost. Your benefits may change significantly if you change health insurance plan in the middle of treatment.

9. **CANCELLATIONS.** You are responsible to keep your scheduled appointments. Missed appointments may cause delays in treating other patients. **If you need to cancel your appointment, be sure to call us at least 48 hours before your scheduled appointment. You may be required to pay a \$50.00 deposit fee for rescheduling an appointment with us more than two times.**
10. **APPOINTMENT TIME.** We ask that our patients arrive on time for their appointments. This will facilitate our ability to see you as scheduled. To serve all our patients well, **patients arriving 15 minutes past their appointment time may be rescheduled.**
11. **REFERRALS.** **If your policy requires written authorization from your primary care physician (PCP), you are responsible for obtaining it.** We will request authorization in advance for established patients only. This is done as a courtesy for our patients. However, we cannot guarantee authorization will be granted. Please keep in contact with your primary care physician to ensure your visit is pre-approved to avoid having to make payment in full.
12. **CHANGE OF INFORMATION.** **Please provide us with any change regarding your address, phone number or insurance information as soon as possible.**
13. **COORDINATION OF BENEFITS.** If you have coverage with more than one insurance plan, you must inform our staff which plan is primary, and which one is secondary. Also, each insurance plan must be made aware by you of any other insurance coverage you may have. **Failure to comply with appropriate coordination of benefits may result in an outstanding balance amount transferred to your personal account.**
14. **MEDICATION REFILL REQUESTS.** Please contact your pharmacy first. They will call our office for authorization of refills. We encourage you to download your pharmacy app so that you can better manage your prescriptions and refills. Some pharmacies will even deliver medicine to your home. Don't wait until you are totally out of medication to request refills. **Refill request will be only handled during office hours.** Allow three business days to refill your prescription.
15. **AFTER HOURS CARE.** If you must speak with Dr. Elizalde, please call or text the main office number at (210) 899-6856 and leave a message. Your message will be triaged and if appropriate, she will return your phone call as soon as possible. In a life-threatening emergency, call 9-1-1.
16. **MEDICAL RECORD COPY REQUESTS.** Requests for copies of your medical records must be made in writing on a form provided by our offices. Our office will respond within 15 business days to properly complete written request. FEES: As per the rules adopted by the Texas State Board of Medical Examiners, our office will charge for copying records.
17. **COMPLETION OF FORMS.** Our office will respond to requests for the completion of FMLA, disability forms, custom letters following the receipt of a \$50.00 fee. Asthma and FARE plans are provided at no cost. Completion of any other school forms can be filled out following the receipt of \$10.00 fee.
Please allow five working days for completion. Expedited requested will be completed within 24 hours with additional \$25 fee. If we receive an expedited request on Friday afternoon or Saturday, it will be completed by the close business day.
18. **LOST FORMS.** Our office will respond to requests to replace lost forms/lab orders following the receipt of a \$10.00 fee.
19. **LAB RESULTS.** **If coming to the office to review lab results, please call our office 1-2 days prior to your appointment to ensure the lab has sent us your results.**
20. **SAFETY:** You are responsible for the supervision of children you bring to the clinic. You are responsible for their safety and protection of other clients and the property. We are not responsible for patient's and/or visitors' personal items within the clinic premises (facilities or parking lot). The clinic will not be held responsible for misplaced, stolen, or lost personal items.



ARACELI ELIZALDE, MD
*Board Certified Adult & Pediatric
Allergist and Immunologist*

- 21. **COMPLAINTS.** If you are not satisfied with our services, please email your complaint to info@aathealth.com. The practice will not punish, discriminate, or retaliate against you for filing a valid complaint and will continue to provide your services.
- 22. **TERMINATION.** Patients for which we may terminate the relationship with the practice include but are not limited to
 - A. Failure to keep scheduled appointments.
 - B. Intentional failure to report accurate information concerning your health.
 - C. Manipulation of medication prescription or forms.
 - D. Intentional failure to accurately report financial status and noncompliance with payment plan.
 - E. Our practice has **ZERO TOLERANCE** of abuse, harassment, or violence of any kind. A person who causes or threatens to cause abuse, harassment or violence of any kind is subject to immediate termination as a patient of the practice and removal from the practice premises.
- 23. **PRIVACY PRACTICES.** You have a right to have your interviews, examinations, and treatment in privacy. Your medical records are also private. A complete discussion of your privacy rights will be given to you along with this document and his named "Notice of Privacy Practices".
- 24. **PHONE CALL RECORDING.** Phone calls may be recorded for quality assurance, recordings are stored following the privacy practices stated above.

I, [redacted] have received and reviewed a copy Allergy & Asthma Texas Health Notice of Privacy Practices. I, the Guarantor of Payment, and Responsible Party, agree to the above policies and agree to the terms regarding payment and responsibilities. I authorize the release of any medical information necessary for the purpose of processing claims with my insurance company; I permit a copy of this authorization to be used in place of the original.

[redacted]
Responsible Party Name (please print and sign)

[redacted]
Date