

**Dr. Syed V. Ahmed M.D.
Westside Medical Clinic**

DISCLOSURES AND WAIVERS

FINANCIAL POLICY

In order to provide a reasonable quality of healthcare it is very important for a practice to stay financially viable. Payment is due at the time of service unless arrangements have been made in advance. We accept cash, Visa, MasterCard, Discover and American Express. We reserve the right to accept checks for our established patients.

Upon your arrival, your benefits will be explained to you, to the best of our understanding and you will be asked to authorize a credit card on file to authorize payments, above and beyond your co-pay to cover the remaining deductible or co-insurance amount you may owe. We will securely store your credit card information per PCI guidelines. We will not charge anything to your card until we have an exact balance returned to us from your insurance company.

_____ - **I authorize Westside Medical Clinic to store my credit card in a secure electronic
Initials format that is PCI-DSS compliant**

_____ - **I DO NOT AUTHORIZE CCOF and will deposit \$150 at my time of visit
Initials**

_____ - **I have a copay plan/or Self Pay, does not apply.
Initials**

Your health plan is a contract between you and your insurance company. Health plans vary widely as far as benefits are concerned and in some instances your responsibility may not be evident till we get a response from the insurance company. You will be responsible for co-pay, co-insurance, and deductible and uncovered charges which ever apply to you.

If you are unable to pay please call the office for setting up a payment plan or an alternate arrangement. No response after repeated attempts to contact you will result in your case being referred to a collection agency.

In an effort to be more environmentally friendly, Westside Medical Clinic now offers e-Statements, choosing this option allows you to receive your statements electronically, sent to you via email. You will no longer have to hassle with paper statements, in addition to being environmentally friendly, e-Statements are convenient and secure. Once your statement is ready, you will be notified via email. The email will provide a link to our website, www.wsmclinic.com, where you will be able to pay online through our secure payment system

_____ - **A charge of \$25 will apply for all returned checks, I have read and understand the
Initials Clinic's financial policy, and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the Clinic from time to time.**

APPOINTMENT POLICY

Our goal is to provide quality individualized medical care in a timely manner. **"No shows"** and **late cancellations** inconvenience those individuals who need access to medical care in a timely manner. We would like to remind you of our office policy regarding missed appointments. This policy enables us to better utilize available appointments for our patients in need of medical care.

No Show Policy

A "no-show" is someone who misses an appointment without cancelling it in an adequate manner. A failure to be present at the time of a scheduled appointment will be recorded in the medical record as a "no-show". Emergency cancellations are accepted only for illness, illness of a family member or death in the family.

_____ - **Missed appointment: There is a \$25.00 charge after the first no show for office visit
Initials and \$40 for missed physical or wellness visits. The charge is not billable to insurance you will be responsible for payment out of pocket.**

Cancellation of an Appointment

In order to be respectful of the medical needs of other patients, please be courteous and call the office at 281-398-2900 promptly if you are unable to show up for an appointment. This time will be reallocated to someone who is in need of an appointment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care. Late Cancellations: A late cancellation is considered when a patient fails to cancel their scheduled appointment with a 24 hour advance notice.

TO CANCEL APPOINTMENTS, PLEASE CALL 281-398-2900 BETWEEN 8AM – 5PM.

Please note we will attempt to call or email you, to confirm your appointment with us one to two days prior to your visit with us.

PATIENT RESPONSIBILITY AGREEMENT FOR REFERRALS

_____ - **I understand that if a referral or an authorized referral is required to schedule an
Initials appointment with any specialist I will notify Westside Medical Clinic with the name of the doctor where a referral will need to be faxed to, at least 72 hours before any scheduled appointment. Westside Medical Clinic is not responsible for providing a list of doctors who are in my network; the referral list or business cards I receive for referral's are to be used only as a reference.**

DECLARATION

I have read and understand the above agreements and authorizations. The terms and consequences of this document have been fully explained to me and I have signed it freely and without inducement than the rendition of services. All of my questions have been fully answered

PRINT PATIENT NAME

DATE

PATIENT/LEGAL GUARDIAN SIGNATURE

PRINT PARENT/LEGAL GUARDIAN NAME
(IF MINOR)