



**NORTH
HOUSTON
ORTHOPEDICS**
AND SPORTS MEDICINE

PATIENT INFORMATION

Last name:	First Name:
DOB:	Social Security #:

APPOINTMENT POLICY/LATE APPOINTMENTS

Reserved appointment time in any specialist office is limited and valuable. It is extremely important that all patients honor their reserved appointments. Failure to do so deprives our other patients from receiving needed orthopedic care in a timely fashion. So that our surgeon, our staff, and our other patients will not be penalized by those who fail to keep scheduled appointments, our office policy stipulates that failure to give sufficient warning to keep a scheduled appointment, (24 hours advance notification), will result in a **\$30.00** fee being charged. That charge which is in accordance with our office's broken appointment policy for all our patients is to be paid prior to the scheduling of any new appointment. The patient is solely responsible for payment of the charge. This notice fulfills our obligation to notify you of the possibility of collection action if your account is not resolved within 30 days. Per North Houston Orthopedics and Sports Medicine policy, if a balance on your account is unpaid for 30 days your care and access to North Houston Orthopedics and Sports Medicine, our providers and/or affiliates will be subject to permanent termination. Initial: _____

North Houston Orthopedics and Sports Medicine reserves the right to reschedule your appointment if you are more than 15 minutes late. Late arrivals will cause a delay in seeing patients who are on time. If you find you are running late, we recommend you call our office to determine if we can hold your appointment. Our office is dedicated to providing all our patients with the most thorough and comfortable orthopedic care available. We know that efficient scheduling is an important part of the your office experience and appreciate your cooperation with our late policy guidelines. Initial: _____

OFFICE FINANCIAL POLICY

Thank you for selecting North Houston Orthopedics and Sports Medicine for your healthcare needs; to help you understand your financial responsibility in relation to your medical care; payment is expected at the time of service.

If the patient is a minor the parent, guardian or adult accompanying the child will be financially responsible regardless of legal guardianship. **As a courtesy to you, we will bill your insurance provider however it will be your responsibility for co-payments and deductibles not met at the time of your visit or surgery. In addition, any referrals, authorizations or additional services such as X-rays, injections, and durable medical equipment (DME) will be your responsibility if not covered by your insurance carrier.** If a patient's condition allows appointments will be rescheduled until payment arrangements for services can be paid. Per the North Houston Orthopedics and Sports Medicine policy, if a balance on your account is unpaid for 30 days your care and access to North Houston Orthopedics and Sports Medicine, our providers and/or affiliates will be subject to permanent termination. Your account may also be referred to an outside collection agency. This notice fulfills our obligation to notify you of the possibility of collection action if your account is not resolved within 30 days. Expenses incurred by North Houston Orthopedics and Sports Medicine to collect outstanding balances shall be the responsibility of the person signing this agreement. Initial: _____

I ACKNOWLEDGE I HAVE BEEN INFORMED OF NORTH HOUSTON ORTHOPEDICS AND SPORTS MEDICINE OPERATING PROCEDURES. MY SIGNATURE AUTHORIZES MY PERMISSION TO CONTINUE CARE WITH NORTH HOUSTON ORTHOPEDICS AND SPORTS MEDICINE INCLUDING ANY OF ITS AFFILIATES OR ASSOCIATES.

Signature: _____ Date: _____

Witness: _____ Date: _____

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