ALAMO DERMATOLOGY ASSOCIATES, P.A.
Patient Information Form

Alamo Dermatology Associates would like to welcome you to our office. We appreciate the opportunity to work with you. The following information is provided for your benefit so that we may serve you better. Please read, initial and sign at the bottom. **At your request, a copy can be provided for your records.**

Initials

_____1. **PAYMENTS.** All applicable fees, deductibles, coinsurance, or co-pays must be paid at the time of appointment. We accept cash, checks, Visa, Mastercard, Discover or American Express. There will be a $35.00 charge for all returned checks.

_____2. **CANCELLATIONS**. If you need to cancel your appointment, be sure to call us at least 24 hours before your scheduled appointment. You will be charged a fee for late cancellations or missed appointments unless you had an emergency. A $25.00 fee for medical visits and up to a $100.00 fee for surgery or cosmetic appointments.
_____ If you fail to notify us of three missed appointments, we may decide to terminate care with our office.

_____3. **APPOINTMENT TIME**. We ask that our patients arrive on time for their appointment; this will facilitate our ability to see you as scheduled. Patients arriving past their appointment time may be rescheduled.

_____4. **HMO REFERRALS**. If your policy requires written authorization from your Primary Care Physician, we will request authorization ahead of time for established patients only. This is done as a courtesy for our patients; however, we cannot guarantee authorization will be granted. It is ultimately your responsibility to make sure that your visit is pre-approved, or you will be responsible for payment in full.

_____5. **CHANGE OF INFORMATION**. Please provide us with any change regarding your address, phone number or insurance information as soon as possible.

_____6. **MEDICATION REFILL REQUESTS**. We request that you contact your pharmacy first, they will call or fax our office with the necessary information.

_____7. **LAB & PATHOLOGY RESULTS**. Most test results are received in 1-2 weeks. Please contact our office if you do not hear from us. All Lab fees are separate from our services.

_____8. **AFTER HOURS CARE**. If it is a dermatology emergency, please dial the main office number at (210)493-1568 and an emergency number will be given for you to call. Leave a message on the emergency line and the physician will return your phone call as soon as possible.

_____9. **NON-COMPLIANCE**. We reserve the right to discontinue care with our office for non-compliance of any of the above policies.

"I, the Guarantor of Payment and Responsible Party, agree to the above polices and agree to the terms regarding payment and payment responsibilities."

_____ _____
Signature of Patient/Guardian Date

_____ _____ _____
Printed Name Witness' Signature Date