Trinity Heritage Clinic

2204 Joe Battle Blvd. El Paso TX 79938 Tel:915-300-2276 Fax: 1-866-222-5219

OFFICE POLICIES

Here are a few of our policies that we would like for you to be aware of:

Narcotics and controlled substances are no longer routinely prescribed by this office.

Check in Process:

1. Insurance card and a valid ID are required during check in process for every visit.
2. A Patient/Parent/Guardian must notify the office of changes in address, telephone number or insurance.
3. You are required to pay your past due balance or balances.
4. You will be responsible for payment for charges of services rendered if we are unable to verify benefits.
5. We accept cash, Visa, Mastercard, American Express, and Discover. (Payment is due at time of service)
6. Insurance companies require a collection of your co-pay or contracted percentage of services at **every** visit. If you have a deductible that has not been met, you will be required to pay for the visit at the contractual rate. If your insurance does not pay for a service, the charges will be the responsibility of the Patient/Parent/Guardian. We recommend that you always question your insurance company regarding your benefits and do not assume that everything is done in our office by your insurance carrier.

Appointments:

1. You must arrive 10-15 minutes prior to your appointment.
2. Rescheduling may be necessary if you are late for your appointment. We will try to work you in if time allows.
3. You are scheduled to be seen for only 15 minutes for an office visit and 20 to 25 minutes for a Physical/Wellness exam unless its determined by Dr.Nwiloh to extend your visit if additional time of care is needed.
4. If you are being worked into the schedule as a walk, you are only allowed one medical complaint. You will have to schedule an additional appointment for any additional medical concerns. Sick office visits are not considered routine follow up care, which require more time.
5. Wellness/Physical examinations cannot be scheduled on the say that you call. We reserve only a certain number of well examinations per day.
6. If you are scheduled for a physical/wellness exam and you have other medical issues aside from your physical/wellness exam you will have to copay for other issues due to seperate insurance filling. If you disagree with our policies, then you will have to reschedule for another office visit.
7. Appointment cancelled with less than 24hrs notice will be billed with the following fees: $25 fee for a cancelled office visit and $35 fee for a cancelled physical/wellness exam.
8. If you do not show up for an appointment there will be a $25 fee.

Financial Responsibilities

1. ALL DUE BALANCES MUST BE PAID PRIOR TO BEING SEEN, unless you have made financial arrangement with our office. (with the exception of emergency visits)
2. NO EXCEPTION for the following: Deductibles and Copay must be collected at the time of service.
3. Private Pay Patients will pay an estimated fee upfront. No Exception.

Others:

1. Medical records can be faxed to another physician free of charge for continuum of care and upon receipt of the medical records release. However, if the entire record is requested for changing of PCP or personal record a fee is applied.
2. Patients may obtain a copy of their medical record for a fee. Our office will provide patients their medical record in a for of an USB flash drive.Patients may also request paper copies; however, and additional fee may apply due to the volume of their medical records.
3. An excused absence for school or work will only be issued if you have been seen in the office for illness. Note must be obtained at the time of visit.
4. There will be a $25 fee for any paperwork that requires the physician's signature.
5. Due to HIPAA laws, patients must check in with the receptionist and are not allowed in the back of the office without consent.

_____ _____

Signature of Patient/ Legally Authorized representative Date