

Calvary Medical Clinic



“Where Your Healing Begins”

PRACTICE GENERAL POLICIES

We are dedicated to providing the best possible care and services to you. An essential element of your care and treatment is understanding your financial responsibilities. If you have any questions about the policies, please discuss them with our office manager and /or front office staff.

I understand that I am financially responsible for the services that I receive.

Health Insurance

We are contracted with most insurance plans to accept assignment of benefits. Our office will file your visit with the insurance company and will only collect your co-pay, deductible and/or coinsurance when it applies. Please note: Our contract with your insurance carrier requires us to collect your co-pay at every visit.

If you have insurance coverage with a plan that we do not have a prior agreement with, the charge for your care and treatment are due at the time of service. In the event your health plan determines a service to be “non-covered”, you will be responsible for the complete charge. Payment is due upon receipt of statement from this office.

Disability, Insurance Forms and Medical Records

There is a charge to fill out disability and insurance forms. Depending the length of the form, the charge can range from \$25.00 on up. Forms will not be completed until payment is received. Please allow 3-5 working days for processing. We will call you once we have completed your request. There is a \$25.00-\$50.00 charge for copying of medical records, depending on the number of pages. The fee for shot records range from \$5.00 to \$10.00.

Medication Refills

Refills for medication prescribed by your doctor should be obtained by calling your pharmacy to request the refill. Please do not call the office, as this will only result in additional phone calls for you. Refills are not approved after normal business hours, weekends, or holidays, so please call in your refill request in time for the pharmacy to contact our office.

Cancellation Policy

Our office will make every attempt to confirm your scheduled appointment, but it is ultimately your responsibility to cancel or reschedule when necessary. Our office reserves the right to charge a \$25.00 fee for failure to inform our office of appointment cancellation.

I have read and understand the office policies, and I agree to be bound by it's terms. I also understand and agree to such terms may be amended from time to time by the practice.

Signature _____

Date _____

Printed Name _____

Cleveland Clinics
108 S. William Barnett Ave
Cleveland TX 77327
281-592-9775
Fax: 281-432-0548

Livingston Clinic
309 Hwy. 59 S. Loop
Livingston, TX 77351
936-327-1055
Fax: 936-329-8800

Humble Clinic
8484 Will Clayton Pkwy
Humble, TX 77338
832-995-5200
Fax: 281-995-5201