

Financial and Office Policy

Welcome to the Psychiatric Center of Katy, office of Christell Lara, M.D., P.A. In order for us to deliver quality care to you, we have established our financial and office policies. The following is a list of guidelines that are necessary in order to make your visit as pleasant as possible.

PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW.

Financial Policies:

- We ask that you present your insurance card (if applicable) and correct/updated personal information at each visit.
- We will collect your deductible, co-payment, or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will ask for that payment prior to your next appointment. We accept cash, checks, Visa, MasterCard, and Discover.
- If we do not participate with your insurance, we will assist you with the necessary paperwork needed to file your claims as a courtesy. You will be expected to follow-up to make sure payment is made to us in a timely manner. If we do not receive payment from your carrier within 45 days, you will be billed for an unpaid balance, and we will expect payment from you within 30 days of the billing date.
- Self pay patients are expected to pay at the time of visit.

Office Policy

- If you cannot keep your appointment, please call 281.829.0072 to cancel or reschedule your appointment at least twenty-four (24) hours in advance. Failure to do so will result in cancellation fees equal to that of a missed appointment. We do understand that emergencies occur, and will work with you on an individual basis should such occur.
- Please arrive at least 10-15 minutes prior to your appointment as to allow sufficient time to complete any necessary paperwork. If you arrive for your appointment more than 15 minutes late, please be aware that there is the possibility that your appointment may be rescheduled, as to not inconvenience the next scheduled patient.
- When an appointment is made with Dr. Christell Lara, time is specifically allocated for you. When an appointment is missed, or the patient "no-shows", another patient that needed to be seen may have been unable to do so because that time slot was already taken. Missed or "no-show" appointments will be charged to your credit card unless alternative arrangements have been made with the office manager.

- Please note that in the event of a missed, rescheduled, or cancelled appointment, your medications may not be refilled.

Additional possible fees:

- A charge of \$25 for returned checks, which must be paid prior to your next appointment.
- A charge of \$25 for medical records/paperwork requested by the patient. Please make your request one week in advance.
- Lost or expired prescriptions will incur a charge of \$10.00 (\$15.00 for triplicate prescriptions).
- For phone calls to the physician longer than 10 minutes, a charge of \$30 may apply.

I understand that I am financially responsible for payment of service and any unpaid balances (regardless of insurance status), and agree with the policies as stated above as set forth by the Psychiatric Center of Katy.

Parent/Guardian Signature _____

Date_____

FINANCIAL RESPONSIBILITY

I understand that as the patient or guardian of the patient, I am financially responsible for payment of service of any unpaid balances.

If you cannot keep an appointment, please call and cancel or reschedule at least **twenty-four (24) hours in advance** in order to avoid cancellation fees.

I understand my financial obligation to treatment received from Christell Lara, M.D., P.A. as stated above, and agree to pay for any and all services received. I understand that my credit card will be charged.

Type of card: VISA/MC/DISCOVER_____

Name on card: _____

Credit card # _____

Three digit security # _____ Expiration date _____

Patient/Guardian Signature

Date