

JOSE A. LOPEZ-CINTRON, MD, LLC

Patient Responsibility OFFICE POLICIES

Patient/Guarantor is responsible for co-payment, co-insurance and deductible at time of visit. Patient/Guarantor is also responsible for all non-covered services. Patient/Guarantor is also responsible to obtain their referral from their primary care physician (if applicable) prior to coming to the office for the visit.

Effective October 1, 2003 due to the increased number of calls, no show appointments and late cancellation appointments the following changes will go into effect:

1. A \$25.00 charge will be charged for appointments not cancelled 24 hours in advance.
2. A \$25.00 charge will be charged for no show appointments.
3. All non emergency phone consultations will be charged a fee of \$25.00.
4. In the event that collection proceedings become necessary, you will be responsible for interest, attorney fees, and all other costs of collection efforts.

Signature (patient or representative)

Date

Patient name (please print)