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### Health Contract

The following information is provided for your benefit so that we may better serve you. Please read and sign at the bottom.

1. **Hours of Operation**-We are available 8:00 AM – 5:00 PM Monday thru Friday. For after hour emergencies, the on-call physician is available through our answering service.
2. **Hospital**-Our Physicians work out of Christus Santa Rosa-Westover Hills for inpatient care. If you need emergency care, please go to Christus Santa Rosa-Westover Hill Emergency Department for evaluation, if possible. This will allow our physicians to coordinate your care.
3. **Appointment Time**-Out of respect for your schedule, we strive to stay on time with our appointments. To assist us with this, we ask that you arrive 10-15 minutes early for your appointment. Patients arriving past their appointment time may need to be rescheduled. In effort to stay on schedule multiple problems may need to be seen in follow-up appointments.
4. **Cancellations**-We require at least 24 hours in advance when cancelling or rescheduling your appointment. Without a 24-hour notice, this may be considered a no-show or missed appointment. We do apply a No-Show fee to your account that is not covered by insurance and will be your responsibility. After three missed appointments we may decide to terminate care.
5. **Refills**-We have found that processing refills through your pharmacy is the most efficient and accurate method. We request you contact your pharmacy first, and they will call/fax us with the necessary information to refill your medicine. No refills will be done after hours or on the weekends except in cases of medical emergency. Please allow 2 business days to process refill request and 5 business days if a prior authorization is needed from your insurance.
6. **Payments**-All applicable fees, deductibles, coinsurance or copays must be paid at THE TIME OF SERVICES. This office will verify your benefits to the best of our ability once you supply your correct insurance information. Verification of coverage does not mean that all services rendered will be covered during your visit. Uncovered services may be your responsibility to pay. Outstanding balances must be paid prior to future appointments unless other arrangements have been made with the financial department. There will be a \$300 charge for SELF-PAY patients that will be collected at check in.
7. **Staff Support**- Our Physicians and Staff are dedicated to your health. Since our Providers are providing quality care to all their patients they may not be immediately available to accept phone calls. Our staff is an extension of our Physicians. Many questions or concerns can be addressed by communicating through our staff. Our staff serves as a valuable resource in delivering timely care, so please treat them with respect. Any discourteous behavior towards our staff will not be tolerated.
8. **Paperwork**-We are happy to complete paperwork/forms related to your health care. Our Physicians may request that you come in for an appointment to address the paperwork. Please allow 5-7 business days for completion of paperwork. We ask that you fill your portion of the forms prior to turning in the paperwork. There is a fee for forms so please review our prices located at the front desk. Payment is required prior to forms being filled out. Records and forms will not be faxed and need to be picked up.
9. **Noncompliance**-Your total health is the result of committed partnership between you and your physician. We reserve the right to discontinue this relationship for noncompliance with health plan or any of the above policies.
10. **Patient Summary**- Your patient summary will be available on the Patient Portal unless otherwise stated 5-7 business days from your visit. Access can be granted once you provide our staff with your email address. The portal can also be utilized to ask questions and pay your bill.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_