Bluebird Dermatology

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Spring, TX 77388
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OFFICE POLICIES

PRIVACY POLICY: Please review the office Privacy Policy prior to your visit.

INSURANCE POLICY: We are not contracted with any insurance plans. However, you may be able to apply your receipt to your deductible or receive out-of-network reimbursement. You will be responsible for filing a claim with your insurance, but we can help you with the information you may need to file the claim.

OUTSIDE SERVICES: If your care requires outside services such as pathology or laboratory testing, those charges will be billed directly from the lab. Likewise, hospital facility fees and anesthesia services for outpatient surgical procedures will be billed directly from those entities.

PAYMENT POLICY: Payment is due at the time of service. We accept cash, debit cards, check, Health Savings Account cards (HSA), Flex Spending Account cards (FSA), Visa, Mastercard, American Express and Discover.

RETURNED CHECK POLICY: A returned check for any reason will incur a fee of $30. You will then need to pay this fee, as well as the balance due on your account, in full with cash or credit card. We will not accept another check, and you will not be able to schedule another appointment until your balance is paid.

REQUESTS FOR MEDICAL RECORDS and COMPLETION OF FORMS:
Release to a physician: There is no fee for medical records if you are transferring care to another physician; these records will be faxed or mailed directly to that physician. A signed release form is required.
Release to a parent/self: A release form must be signed and you will be assessed a fee of $25 per request. Upon receipt of payment, records may be picked up at the office within 3-5 business days, unless otherwise notified.

LATE POLICY: We realize that there are many circumstances beyond your control that may delay you from being on time to your appointment. However, to maintain an efficient schedule, if you are more than 15 minutes late for your appointment, you may be asked to reschedule for a later date. While it may be possible to work you in to our schedule for the day, priority will be made for patients who have arrived on time. If your late arrival cannot be accommodated, we will need to reschedule your appointment.

CANCELLATION/NO-SHOW POLICY: It is important that all patients honor their reserved appointments. Failure to do so deprives other patients from seeing us in a timely fashion. So that those who fail to keep scheduled appointments will not penalize other patients, we are instituting the following cancellation policy:

A. We require 24 hours advance notice if you cannot keep your appointment. If you must notify us outside of regular office hours, our voicemail is available 24 hours a day, 7 days a week.
B. NO-SHOWS: If you fail to give the required 24 hours advance notice, your appointment will be designated as a "no-show." We will attempt to contact you to reschedule your appointment. If we reschedule your appointment and you cancel or fail to keep your appointment a second time, we will charge a fee of $50.
C. You will not be able to schedule another appointment with us until the no-show charge is paid.
D. If you have three no-shows, you may be discharged from our clinic.
E. Exceptions to the cancellation policy are made for emergencies and decided on a case-by-case basis at the discretion of Bluebird Dermatology.

We understand that unforeseen circumstances occur, and we believe this is a fair effort to accommodate such circumstances while also honoring the preference of all patients to see us efficiently. We thank you for respecting this policy and look forward to seeing you.

I have read and understand the office policies and agree to adhere to them as outlined.

Patient name: _____Legal representative name:_____

Signature of legal representative: _____ Date: _____

Relationship (if not signed by patient):_____