

## **Financial Policy and other General Policies:**

We want all our patients to have a clear understanding of Embee Lifestyle Docs, PLLC, Financial Policy and other General Policies. For any questions regarding any of these policies or our fee structure, please, ask any Lifestyle Docs team member.

We look forward to providing you with outstanding medical care. Please, read this document and sign your name in the appropriate box on the [Patient registration form](#).

## **Financial Responsibility:**

By entering your signature on the Financial Policy Box in the Patient Registration Form you accept financial responsibility for all medical services provided to you by Embee Lifestyle Docs, PLLC(Lifestyle Docs). Parent or guardian must sign for patients under 18.

## **Payment Methods:**

We accept cash, check, and several major credit cards, including Visa, Mastercard and Discover. We do not accept American Express or other corporate cards.

## **Authorization for Credit Card on file:**

I hereby elect and authorize Embee Lifestyle Docs, PLLC to charge my credit card for the following services.

1. All Charges related to routine primary care visits that my insurance company designates as my financial responsibility.
2. All co-pays related to primary care visits.
3. For individuals without insurance, all charges related to requested services provided by Lifestyle Docs
4. All charges related to Lifestyle Medicine programs, individual and subscription payments
5. You may cancel this authorization at any time, provided your account is in good standing.

NOTE: We do not keep your credit card information at our office. All credit card information is stored off-site with Elavon -- Merchant Services provider with triple layer protection that meets the PCI DSS compliance for storage of payments data. For more information on security, please, visit [Elavon](#).

### Fees for returned Checks:

NOTE: For checks that bounce or are returned by your bank and incur fees. We will pass along all such fees to you. It is your responsibility to pay the original amount due to our practice and all bank fees.

### Missing Appointments:

We require a 24 hour notice for cancellation of in-person or online appointments. We reserve the right to charge a fee for missing more than one appointment without adequate notice yearly.

### Worker's Compensation and Medicaid:

We DO NOT ACCEPT Worker's Compensation or Medicaid patients.

### Prescription Refills:

It is our policy that you should be responsible to know when your medications must be refilled at least a week before you run out. Please, do your best to keep your appointments so you can receive timely prescriptions. The most efficient way to request a refill is through your pharmacy.

### **Telemedicine:**

You now have a choice of in-person visits or HIPPA secure telemedicine(online video conference) visits. The online option may be utilized in certain cases as dictated by the Texas Medical Board. The online option may not be used for yearly physicals or another office visit, where a physical exam is needed.

### NOTE:

1. The usual co-pays required for in-person visits also applies to all telemedicine visits.
2. In times of national health crisis, such as with Covid-19, we will be conducting all clinic visits online on a HIPPA secure platform.

## Patient Discharge:

We reserve the right to discharge a patient from our practice for any reason. Some of the reasons we may discharge a patient include failure to comply with the policies of this practice as outlined in this document or any action that compromises the safety of the health care providers and patients of our practice.

### **NOTE:**

1. Embee Lifestyle Docs, PLLC reserves the right to modify its Financial Policy and other General Policies at any time. The latest copy of the Financial Policy will always be available at our website.
2. You must acknowledge that you have reviewed the Financial Policy for Embee Lifestyle Docs, PLLC by signing your name in the appropriate box on the [Patient Registration Form](#).