



EAR INSTITUTE OF TEXAS, P.A.
18518 HARDY OAK BLVD., STE. 300 ♦ SAN ANTONIO, TEXAS 78258
TEL: (210) 696-4327 ♦ FAX: (210) 798-2509

Patient Information

- I. Payment Policy:** Payment is required at the time of service unless prior arrangements were made in advance. Payment includes any and all applicable co-pays, co-insurance or deductibles. For your convenience, The Ear Institute of Texas accepts Visa and MasterCard. There is a \$35.00 service fee for returned checks.

Patient/Guarantor initials: _____

- II. Insurance:** The Ear Institute of Texas bills participating insurance companies as a courtesy to our patients. You are expected to submit payment for all applicable co-pays, co-insurance or deductibles at the time services are rendered, based on the requirements of your individual insurance plan. If payment is not received from your insurance company, the total balance due will be your responsibility. **Due to various insurance provisions, we ask that you verify your individual benefits with your insurance provider. The Ear Institute of Texas acts only in an advisory capacity when sharing insurance benefits.**

Patient/Guarantor initials: _____

- III. Missed Appointments:** The Ear Institute of Texas is committed to providing quality services to as many patients as possible. Resources are assigned for each individual patient. Missed appointments represent a cost to the Ear Institute of Texas and are an inconvenience to other patients who could have been scheduled for that time.

We require a 24-hour notice to cancel your scheduled appointment. Failure to provide a 24-hour notice to cancel your scheduled appointment **will result in a “no-show fee” of \$50.00.** A no-show fee must be paid prior to being seen at your next visit. Please note that insurance companies do not pay for no-show fees and therefore will not be billed for that charge.

A cancellation policy applies to our surgical patients as well. Any scheduled surgery must be cancelled at least 48-hours prior to the scheduled surgery date. Failure to provide at least a 48-hour notice of cancellation **will result in a “no-show” fee of \$100.**

Patient/Guarantor initials: _____

- IV. Physician Assistant:** The Ear Institute of Texas employs physician assistants to support the physician with the volume of patients requiring medical care each day. The physician assistant is highly qualified and trained specifically by Dr. Jackson to treat the medically complex patients seen in this office. Dependent upon the daily schedule, patients may be seen by either the physician assistant, or by the physician.

The physician supervises the care of each and every patient but does require assistance to ensure patients are cared for in a timely manner. In some instances, the Physician Assistant may begin evaluation of a patient on Dr. Jackson’s schedule. However, the patient will still be seen by Dr. Jackson if requested.

Patient/Guarantor initials: _____

Please sign and date this form prior to your first visit. Feel free to ask our reception staff or the office manager should you have any questions in regard to the information contained within this form. Thank you for being our valued patient.

Patient/Guarantor/Legal Guardian Signature: _____ **Date:** _____

Patient printed name: _____