

Appointment Agreement and Promise to Pay

I agree to be on time for scheduled appointments. If I am late for a scheduled appointment, I will be charged the full fee for the appointment and may only be seen for the remainder of my scheduled session. My prescriber has the right to determine if there is enough time to be seen or if I should reschedule.

1. Late Cancellation / Missed Appointment

We understand that there are times when you must miss an appointment due to emergencies or other obligations. Please immediately inform U.S. Televero Health, P.A. staff of any appointment changes so that other patients have their opportunity to receive treatment.

You will not incur a charge for appointments cancelled when 24-hours advance notice is given.

For appointments cancelled with less than 24-hours' notice, you will be charged a fee of seventy-five dollars (\$75). For patients with insurance, note that this fee will not be covered by your insurance company.

2. Scheduled Appointments

We understand that delays can happen. However, if you are fifteen (15) minutes past your scheduled time, we will need to reschedule your appointment and you will be charged the seventy-five dollar (\$75) missed appointment fee.

3. Medication Refills

In the event of a missed appointment, you may be provided medication refills only at your prescriber's discretion and only through your next rescheduled follow-up appointment. After a second missed appointment you will not be provided medication refills (or will be provided with a taper if appropriate) until a follow-up appointment is kept.

4. Past Due Account Balances

We will require that patients with self-pay (cash pay) balances to pay their account balances to zero (0) prior to receiving further services or medication refills by our practice.

Patients who have questions about their bills or who would like to discuss a payment plan option may ask to speak to a business office representative with whom they can review their account and concerns. Patients with balances over fifty dollars (\$50) must make payment arrangements prior to future appointments being made.

5. Assignment of Benefits

I hereby assign all medical and mental health benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carriers(s), including Medicare, private insurance, and any other health/medical plan, to issue payment check(s) directly to Televero Health P.A. for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance, which I authorize to be charged to my credit card as incurred.

By consenting to, digitally signing and submitting the patient registration form (“Patient Registration Form”) on the televerohealth.com website, I attest that I (1) have personally reviewed and accept all terms and conditions herein on this Appointment Agreement and Promise to Pay (or had it explained to me) for U.S. Televero Health, P.A. and fully understand and agree to its contents; (2) have had my questions answered to my satisfaction, and the risks, benefits, and alternatives to telemedicine visits shared with me in a language I understand; and (3) am located in the state of Texas and will be in Texas during my telemedicine visit(s). I understand that I am entitled to receive a copy of this document.