

RONALD L. DOTSON, M.D., P.A.
420 E. Highway 67 Duncanville, TX 75137
Ph: 972-298-8880 Fax: 972-709-9345

WELCOME TO OUR OFFICE

Your name: _____ Today's Date: _____
(First) (MI) (Last)
Preferred Ph#: _____ Home Cell Alt. Ph#: _____ Home Cell Work Ph#: _____
Email: _____ (We do not share e-mail addresses)
DOB: _____ Age: _____ Social Security#: _____ Driver's License#: _____
Race: _____ Ethnicity: _____ Preferred Language: _____
Home address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ If student, are you full-time _____ or part-time _____?
Employer: _____ How long? _____
Work address: _____ City: _____ State: _____ Zip: _____

****Preferred Pharmacy Name, address, and phone number for electronic prescribing:**

Spouse(parent if minor): _____ DOB: _____ Age: _____
Social Security #: _____ Driver's License#: _____
Occupation: _____ Employer: _____
Employer's address: _____ City: _____ State: _____ Zip: _____
Employer's phone #: _____ Length of Employment: _____

Complete this section only if someone else carries the insurance on you (spouse or parent):

Name of insured: _____ Relationship to you: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ DOB: _____ Social Security #: _____
Occupation: _____ Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Employer's phone #: _____ Length of Employment: _____

In case of emergency, please list two people we can contact who *do not* live with you:

Name: _____ Relationship: _____
Home Phone #: _____ Work Phone #: _____
Name: _____ Relationship: _____
Home Phone #: _____ Work Phone #: _____

PLEASE TURN PAGE OVER AND READ THE BACK PAGE CAREFULLY THEN SIGN THE BOTTOM

RONALD L. DOTSON, M.D., P.A.

FINANCIAL POLICY

OUR PRACTICE FINANCIAL POLICY:

We are dedicated to providing you with the best possible care and service, and your understanding of our financial policies is an essential part of your care and treatment. To help you, we have the following financial policy. If you have any questions, please feel free to ask any of our staff.

Unless other arrangements have been made in advance by either you or your health coverage carrier, full payment is due at the time of service. For your convenience, we accept VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, and CARE CREDIT. **We reserve the right to use whatever methods necessary, including collection agencies and credit bureau reporting, to collect any outstanding debt owed to Dr. Dotson. You agree to pay any and all collection costs, including attorney's fees.**

YOUR INSURANCE:

We have made prior arrangements with many insurers and other health plans. **We verify insurance coverage on all patients before their visit, therefore, we must have your current insurance information at least one day prior to your scheduled appointment; otherwise, your appointment may be rescheduled so that other patients do not have to wait.** If insurance coverage cannot be verified, you will be asked to pay for your visit in full at the time of the appointment, or you may reschedule your appointment. We will bill those plans with which we have an agreement and will collect any required copayment or patient's portion at the time of service. The copayment or patient's portion will be collected when you arrive for your appointment. In the event your health plan determines a service to be "not covered", you will be responsible for the complete charges. In that event, we will bill you and payment is due when you get the statement.

If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and send a claim for you, on an unassigned basis. In this case, your insurer will send the payment directly to you. Therefore, charges for your care and treatment will be due at the time of service.

We will also bill your health plan for all services that we provide in the hospital. Any balance due is your responsibility and is due when you get a statement from our office.

MEDICAID PATIENTS:

We accept Medicaid for pregnant patients only. You must bring us a current month's Medicaid form every month so we can file claims for your care and treatment. You may be asked to reschedule if you do not have your current month's Medicaid form with you or if we are unable to verify your Medicaid eligibility. We do not retro-file Medicaid. **If you get Medicaid in the middle of your pregnancy, we WILL NOT back file for previous visits. IF YOU HAVE OTHER INSURANCE, YOU MUST GIVE IT TO US OR MEDICAID WILL NOT PAY YOUR CLAIMS.** If you need transportation to your appointments, you may call the Medicaid number on your form and they can help you.

MINOR PATIENTS:

For all services given to minor patients, the adult accompanying the patient is responsible for payment.

MISSED APPOINTMENTS:

In order to provide the best possible service and availability to all our patients, we reserve the right to charge a \$30 fee for any appointments not canceled at least one day prior. Please call us as early as possible if you know you will need to reschedule your appointment. If you are more than 15 minutes late, you may be asked to reschedule.

- ***I have read and understand the financial policy of Dr. Dotson and I agree to be bound by its terms. I also understand and agree that such terms may be changed from time to time by the practice.***
- ***I have received an office brochure and am responsible for reading it.***
- ***I authorize the release of any medical information necessary to process claims and electronic prescriptions.***
- ***I hereby state that I have no health insurance coverage other than what I have provided to Dr. Dotson.***
- ***I hereby assign benefits to Dr. Ronald L. Dotson and authorize payment of medical and surgical benefits to him.***
- ***I hereby give my permission for Dr. Ronald L. Dotson to examine and treat me.***

Signature of Patient or Responsible Party if Minor

Date

Please print the name of the Patient: _____

Please tell us how you heard about Dr. Dotson: _____