

Hill Country Orthopaedic Surgery & Sports Medicine  
Wayne A. Lee M.D.  
19016 Stone Oak Parkway Suite 220  
San Antonio, TX 78258  
(210) 491-4125 Phone  
(210) 491-4138 Fax

NOTICE OF INFORMATION PRACTICES

HOURS OF OPERATION: Monday thru Friday 9:30am to 5:30pm  
Closed for lunch from 12:00pm to 1:30 pm

AFTER HOURS: There is a physician on call at all times. In the event of an after hours emergency, please call our main number and you will be forwarded to our answering service who will then page the doctor on call.

APPOINTMENTS: You should arrive for your appointment at least 15 minutes prior to your scheduled time. We will do our best to minimize your wait time, however, emergency situations arise and may delay your appointment. If you have changed your phone number, address, insurance carrier, or any other personal information, please make sure to notify the receptionist. This information is critical to the proper filing of insurance claims.

CANCELLATIONS: If you are unable to keep your appointment, we ask that you at least notify us 24 hours in advance so that your time slot will be available for another patient.

PAYMENTS: Regardless of your insurance coverage **YOU ARE ULTIMATELY RESPONSIBLE FOR PAYMENT ON YOUR ACCOUNT.** We ask that you keep your account current. Hill Country Orthopaedic Surgery & Sports Medicine will not bill for services. Please be prepared to pay on the day of your visit.

RETURNED CHECKS (NSF): Pursuant to SB-921, you will have 10 days to tender payment, plus a \$25.00 bank service charge on all NSF checks. If payment is not received within that period, the NSF check will be forwarded to the District Attorney for collection.

DELINQUENT ACCOUNTS: It is your responsibility to understand your insurance benefits. HCOS will file a claim to your insurance company for services rendered. If your account becomes ninety days delinquent, it will be placed in collection status. We will exhaust all measures to contact you if your account becomes seriously delinquent. If you do not respond or if we are unable to contact you, your account may be turned over to a collection agency.

MEDICAL RECORDS, SPECIAL FORMS, & ITEMIZED BILLING STATEMENTS: Please be advised that there is a fee for copies of medical records and itemized billing statements. It is \$25.00 for the first 20 pages and \$0.15 a page thereafter. Special forms such as, FMLA forms, disability forms, attending physician forms, etcetera. will be completed for a \$25.00 fee in addition to your copayment if you have a scheduled appointment.

PRESCRIPTIONS/REFILLS: Please contact your pharmacy if you need medication refills. They will in turn contact our office for approval. If you need written prescriptions, please give us at least one weeks notice.

Thank you for your cooperation.



\_\_\_\_\_  
Patient/Parent Signature

\_\_\_\_\_  
Date