

HOUSTON NORTHWEST PRIMARY CARE

A division of GHPMA

15655 CYPRESS WOODS MEDICAL DRIVE

SUITE 110

HOUSTON, TX 77014

281-580-7004

Financial Policies and Waiver

Please read, sign and date:

I understand that HNWPC will file my medical claims upon receipt of all required information from me at the time of service. Insurance card and picture ID are required. It is my responsibility to know my own medical benefits such as Primary Care Physician, prescription/pharmacy requirements, lab, x-ray and referral facilities per my insurance plan and other requirements and guidelines.

I also understand that I will be responsible for any balance on my account that is from services not covered by my insurance policy. Deductibles, co-pays, routine/wellness services, mental/neuro services, weight management, and after hour calls from one of our Physicians are usually not covered by a group medical plan or Medicare.

I am aware of and understand the Physicians policy regarding NO SHOW appointments: That is: A FOUR HOUR NOTICE OF ALL CANCELLATION IS REQUIRED OR I WILL BE CHARGED A \$25.00 NO SHOW FEE.

Patient Signature: _____

Date: