



**Atif Sohail M.D. F.A.C.C.**

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Interventional Cardiology  
Cardiovascular Diseases

Due to the rising cost of providing healthcare we are introducing our policies. Many manage care and other insurance companies require that we collect co-pays, deductibles and co-insurance from patients, not only is this the arrangement in your contract with your insurance, but it will save time, money and confusion in the long run.

**"HMO"** Health maintenance organizations members **cannot see a specialist without a referral** from your primary Care, Family or Internal Medicine doctor. **It is the Patient's responsibility to obtain a PCP-HMO Referral**, if you do not have a valid referral you may be seen, but the visit must be on a cash basis.

To avoid an unnecessary bill to you please present your insurance card at each visit to the front desk representative.

**Un-insured Patients**, payment will be collected at the time of check in.

Office visit **Co-Pays, Co-insurance and or Deductibles are due prior to rendering services** at the check in window. Payment arrangements must be made prior to your appointment. Balances due on your account will be collected in advance before seeing the doctor.

**Missed/No Show** appointments and /or failure to cancel your appointment within 48 hours will result in a \$40.00 fee. Stress Echo or any test scheduled, missed fee \$75.00.

**Prescription Refills require 5 business days advance notification**. Please ensure you have enough medication before you run out. Call your Pharmacy and have them fax the request to our office.

**Mail in Prescriptions require 10 days advance notice.**

**Medical Records** fee is \$35.00 please allow 5 business days to process your request.

**We do not accept Secure Horizon - NTSP Group plan.**

It is **your responsibility** to notify our office of any changes in your personal information: address, phone number, or insurance prior to your appointment.

We accept Cash, Checks, Money Orders, Debit Cards, Visa, MasterCard, Discover, Amex. \$35.00 on all returned checks.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

[Recipient Name]  
March 20, 2013  
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