



Welcome to Aguilar Family Health Care! We appreciate the opportunity to serve you. The following information is provided for your benefit.

1. **PAYMENTS:** All applicable copays, deductibles, coinsurance and fees must be paid at the time of your appointment.
2. **APPOINTMENT TIME:** We ask that you arrive on time for your appointment. This will facilitate our ability to see you as scheduled. In an effort to serve all of our patients well, patients arriving past their appointment time may be rescheduled.
3. **CHANGE OF INFORMATION:** Please provide this office with any change regarding your insurance information, address and phone numbers as soon as possible.
4. **MEDICATION REFILL REQUESTS:** Please contact your pharmacy first. They will contact our office for authorization of the refill. The patient portal may also be utilized for refills.
5. **CLASS 2 NARCOTICS AND TRIPLICATE PRESCRIPTION REFILLS:** To allow time for us to dispense your prescription in a prompt and timely manner, these prescription refill requests must be requested seven (7) days prior to you running out of your medication. We require a form of photo identification at the time of prescription pick up. If someone else other than the patient is picking up the prescription, prior arrangements must be made by patient and this office, a photo ID for that person picking up the prescription as well as the patient's photo ID is required. This office will not release the prescription to another individual without these two identifications.
6. **AFTER HOURS CARE:** In a life threatening emergency, dial 911. For after hours care, please call our office main number 210-520-2224 and leave a message with the answering service.
7. **MEDICAL RECORDS REQUEST:** Request for copies of your medical records must be made in writing on a form provided by our office. This office will respond within 15 days to properly completed written requests. **FEES:** There will be a \$25.00 processing fee for the first 20 pages and \$.50 for each subsequent pages and the actual cost of mailing, shipping or delivery where applicable.
8. **COMPLETION OF FORMS:** AFHC will respond to the requests for the completion of medical/FMLA forms following the receipt of completed requests and collection of a \$35.00 fee. Requested forms will be provided within 10 business days.
9. **COLLECTION AGENCY FEES:** In the event that your account is turned over to a collection agency, you will be responsible for the collection agency fees.

Signature

Patient Name

Date