

DR. A. JOSEPH CRIBBINS, DR. EDMUND CHEN, MICKEY PATEL C-NP

6020 West Parker Road, Suite 400 • Plano, Texas 75093

We would like to thank you for making an appointment with our office. It is important that you understand the procedures of our office regarding surgery.

- You are responsible for obtaining referrals and ensuring they remain updated with our office. All requests for records from other physicians and any other records required for the approval process are also your responsibility.
- All copays, deductibles, or deposits must be paid at your pre-operative appointment at our office prior to your surgery. We do not offer payment arrangements.

Please read carefully and sign the acknowledgment below.

I hereby authorize Dr. Cribbins, Dr. Chen, or Mickey Patel C-NP to furnish medical records and/or test results, including HIV status, via fax or mail to my referring physician, insurance companies, and to the physician to whom I am referred concerning my illness or treatment.

I will not hold A. JOSEPH CRIBBINS III, MD, or its employees responsible for any misdirected records or correspondence. I authorize payment of all medical benefits to A. JOSEPH CRIBBINS III, MD.

- An assistant surgeon or physician assistant (PA) may assist with your surgery. The assistant surgeon may be out-of-network with all insurance companies.
- Refunds are given according to office policy and after all deductibles, copays, coinsurance, and claims have been paid.
- There is a \$100.00 fee for completing Family Medical Leave or disability papers each time they are requested or require changes.
- I hereby certify that I have provided Dr. Cribbins/Dr. Chen with my current insurance information, address, phone numbers, and any other pertinent information. I also understand that failing to disclose this information could result in my insurance carrier not providing benefits for this service.

TO ALL PATIENTS: If, for any reason, you decide to cancel or reschedule your surgery, a \$250.00 cancellation fee will occur.

Signature _____

Printed Name _____

Date (MM/DD/YY) _____