



VALLEY INTENSIVISTS, PULMONOLOGISTS AND SLEEP SPECIALISTS

1200 E. Savannah Ave. Suite 12
McAllen, TX 78503

Tel: (956) 688-6300 Fax: (956) 688-6303

Juan Pablo Gomez, MD, FCCP, FAASM

Rodrigo Lema, MD, FCCP

Juan Pablo Calero, MD

OFFICE POLICY

We are glad that we can provide the attention needed for your pulmonary care and sleep disorder conditions. Therefore, the following policies and guidelines have been established to better serve you.

OFFICE HOURS:

Monday – Thursday: 8:30 AM – 5:30 PM

Friday: 8:30 AM – 5:00 PM

APPOINTMENTS/ CANCELLATIONS:

We put importance to your Appointments and have reserved a time slot for you. It is imperative that you give a 24-hour advance notice for cancelling or rescheduling appointments. Patients that miss two appointments without prior notification to the office, **will not be given** set appointments and will only be seen as a walk-in, due to non-adherence.

If you are running late or can't make it to your appointment, you have the following options:

- 1) Reschedule your appointment to a more convenient time for you.
- 2) You can be seen in between scheduled patients, preferably in the afternoon, and it will be determined at the physician's discretion.

WALK-IN:

Patients without an appointment will be seen preferably in the **afternoon** and in-between patients.

REFILLS:

The doctor makes sure that you have enough medication or refills until your follow-up appointment. Refills are only completed during office hours when the patient's chart is available for review by the physician.

Physician is not available on Fridays after 4:00pm, so PLEASE PLAN AHEAD.

Please have the following information available when calling the office:

Medication Name: _____ Strength: _____ Dosage Instructions: _____ Your pharmacy name: _____ Pharmacy Phone Number: _____
 Patient Name: _____ Date of Birth: _____

Please always provide us with a return phone number so we may reach you, if needed.

**VALLEY INTENSIVISTS, PULMONOLOGISTS AND
SLEEP SPECIALISTS**

1200 E. Savannah Ave. Suite 12
McAllen, TX 78503
Tel: (956) 688-6300 Fax: (956) 688-6303

PHONE POLICY:

During office hours, the staff is available for routine phone calls. Urgent and emergency cases will be handled as deemed necessary by the Physician. Attention will first be given to patients who have scheduled appointments within the office; however, your calls are important and will be returned as soon as possible. Please do not call multiple times once a message has been left. Messages are checked and are handled in a timely manner. Certain phone calls regarding treatment methods, procedures, medications, or symptoms cannot be handles safely over the phone and will require the patient to come into the office for a follow-up visit. If shortcuts are made, your safety may be at risk.

Phone calls for Refills can be avoided if you cooperate to keep your appointments and BRING your medications to EVERY visit.

CALLS AFTER HOURS:

Routine phone calls including refill requests will not be handled after office hours.

FINANCIAL:

Cash & Debit/Credit Card and Checks are accepted. Payment is required at the time of service, this includes: co-payments, deductibles and/ or co-insurance responsibility.

Payment on accounts – A minimum payment of \$25.00 is required on account balances. This office will reward prompt and regular payments with discounts on account balances.

Arrangements other than the statement above must be made in advance.

By signing below, I am confirming that I have received both pages of your Office Policy, and it is my / our responsibility to understand it and adhere to it.

Patient / Parent / Guardian Signature

Date Policy was Received

***IT IS IMPORTANT TO KEEP YOUR APPOINTMENTS
&
BRING THE FOLLOWING ITEMS TO ALL VISITS:***

- ***ALL MEDICATION OR CURRENT LIST***
- ***SMART CARD FROM CPAP MACHINE (IF APPLICABLE)***
- ***IF YOUR MOST RECENT CHEST X-RAY, OR CT SCAN WAS NOT DONE AT A LOCAL HOSPITAL, PLEASE BRING A DISK WITH THE IMAGES FOR THE DOCTOR TO REVIEW.***
- ***IF THE DOCTOR ORDERED LABS AND THEY WERE NOT DONE AT A HOSPITAL OR LAB REFERRED BY THIS OFFICE, PLEASE BRING THE REPORT WITH YOU.***
- ***PICTURE ID AND INSURANCE CARD***