



## VALLEY INTENSIVISTS, PULMONOLOGISTS AND SLEEP SPECIALISTS

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

### PATIENT GUIDELINES & OFFICE POLICIES

We are pleased to provide care for your pulmonary and sleep health needs. To ensure efficient, safe, and high-quality care for all patients, we ask that you review and adhere to the following office policies.

#### **OFFICE HOURS:**

Monday – Thursday: 8:00 AM – 5:30 PM  
Friday: 8:00 AM – 5:00 PM

#### **APPOINTMENTS & CANCELLATIONS**

Appointments are reserved specifically for you. We kindly request at least 24 hours' notice for cancellations or rescheduling.

#### **Appointment Confirmation Requirement:**

All appointments must be confirmed at least 24 hours in advance. Patients may confirm their appointment using any of the following methods:

- Telephone call
- Text message response
- Patient portal

If an appointment is not confirmed within 24 hours, it may be subject to cancellation or rescheduling to allow availability for other patients in need of care.

- Patients who miss multiple appointments without notice may have limited scheduling availability.
- Late arrivals may be rescheduled or seen at the physician's discretion.
- Walk-in visits may be accommodated based on availability, typically in the afternoon.

#### **MEDICATION REFILLS**

- Refills are processed during regular office hours only.
- Requests require physician review of your medical record.
- Please plan ahead. Refill requests are not processed after hours or late on Fridays.
- Bringing your medications or an updated medication list to each visit helps avoid delays.

#### **PHONE COMMUNICATION**

- Our staff is available during office hours to assist with routine inquiries.
- Calls are returned as promptly as possible.
- Please avoid multiple calls for the same request, as this may delay response time.

#### **Important:**



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Certain medical concerns cannot be addressed safely over the phone and may require an in-office evaluation to ensure your safety.

### AFTER-HOURS CALLS

Routine matters, including medication refills, are not handled after hours. For urgent medical concerns, please seek appropriate medical care or go to the nearest emergency room.

### FINANCIAL POLICY (SUMMARY)

- Payment is due at the time of service, including copayments, deductibles, and coinsurance.
- We accept cash, debit cards, credit cards, and checks.

*Please refer to the Insurance & Financial Responsibility Policy for full details.*

### WHAT TO BRING TO YOUR VISIT

To ensure efficient care, please bring:

- Current medication list or medications
- CPAP machine data card (if applicable)
- Imaging (CD) and reports not performed in our office
- Lab results not ordered through our office
- Valid photo ID
- Current insurance card

### PATIENT RESPONSIBILITY

By receiving care at our office, you agree to:

- Keep scheduled appointments or provide timely notice
- Follow treatment recommendations
- Provide accurate and updated information

### ACKNOWLEDGMENT

I acknowledge that I have received and reviewed the Patient Guidelines & Office Policies and agree to comply with the expectations outlined above.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_