



Robert M Owens, M.D.

Lori McGee, RN, FNP-BC

Hearing & Balance Disorders Facial Nerve Disorders Skull Base Surgery Allergy

Plano Office: 6509 W. Plano Pkwy, Plano, TX 75093 972-781-1462 (Fax) 972-378-4125

Fort Worth Office: 900 Jerome St. Ste 200, Fort Worth, TX 76110 817-332-3277 (Fax) 817-332-3299

Office Policies

Below you will find our office policies. Please read each one carefully. We hope this information will be helpful to you when accessing our office and making decisions about your health.

Office Hours:

Monday – Thursday 8:00 am to 5:00 pm

Friday - 8:00 am to 1:00 pm

Appointments:

Office visits are by appointment only. We strive to see our patients as close to their appointment times as possible. As you know, emergencies do arise and can cause an increase in waiting time. We understand that there are times when it will be necessary for you to cancel or reschedule your appointment. In order for us to be available to as many patients as needed, we ask that you kindly provide our office with a 24-hour notice.

- **There will be a \$ 75.00 fee for a “no-show”, cancellation or a reschedule of appointment the same day of your appointment or less than 24 hours prior to your appointment.**
- **There is a \$250.00 fee for a “no-show”, cancellation or reschedule of a Dizzy or Allergy testing appointment the same day of your appointment or less than 48 hours prior to your appointment.**
- **A \$250 charge will be assessed for a “no-show”, failing to give 48 hours notice of the need to cancel or reschedule of a scheduled surgery (either at a office, surgery center or the hospital).**

These charges are not billable to your insurance company and it will be the patient’s responsibility to pay this charge. Any no-show/cancellation charges assessed to your account must be paid prior to any subsequent visits. If you have “no showed” to 2 appointments you will receive a letter and will be discharged from the practice.

Telephone Calls and Medication Refills:

We ask that you make all non-emergency calls and prescription refills during our regular office hours. Calls made after 3pm might not be returned until the next business morning. Please allow 2-3 days to process the prescription request.

Referrals

If your insurance requires a referral it is your responsibility to obtain the referral prior to your appointment. If we do not have your referral on file on the day of your appointment our office will be obligated to reschedule your appointment.

NSF/Closed Accounts

There is a \$75.00 charge for all returned checks.

Patient / Insurance Payments

Payment is expected at the time services are rendered. Payment will be accepted in the form of cash, check, Mastercard, Visa, Discover and Care Credit. We require that you present accurate insurance information and that you complete a registration form on the initial appointment and update your information every visit. Our goal is to help you utilize your insurance benefits in every way. While this office will attempt to negotiate disputed claims with your insurance carrier, the ultimate obligation for services rests with the patient. Please be aware that most insurance plans do not cover 100% of the services provided. Account balances exceeding 90 days will be turned over to an outside collection agency.

Medical Records / FMLA:

All medical record requests require written release of information. Please allow 2 weeks for the processing of all medical records. There is a **\$25.00** fee for patients that request medical records which must be paid prior to the records being copied and mailed.

There will also be a **\$50.00** fee per form that needs to be completed by your physician. This fee is the patient’s responsibility. This includes Family Medical Leave, disability, medical leave, etc. Forms will not be filled out until payment has been received. Please allow 2 weeks for completion of all forms.

Telephone Numbers:

Please keep our office number and fax number for your records.

Office 972-781-1462

Fax 972-378-4125

I have read and understand the office policies related to care provided by Owens Ear Center.

Patient/Guardian Signature

Date

Print Name