



## Advanced Notice of Payment Requirements

This notice is to inform you that you will be responsible for the payment for any after hours calls made to contact any of Mesquite Employee Health Center's Providers.

You will have the option to contact providers after hours for **EMERGENCIES ONLY**.  
**In case of Life threatening events, activate 911.**

**\*\*\*\*\* THERE IS A \$10 FEE FOR ALL MISSED APPOINTMENTS AND IF YOU DO NOT GIVE A 2 HOUR NOTICE IN CANCELLING YOUR APPOINTMENT (no matter what time the appointment was made) \*\*\*\*\***

Medication refills, questions about your medications or anything to do with appointments **does not** constitute an emergency. *If you are not a patient (been seen in our clinic), we **can not** help you.* Call during business hours to schedule an appointment  
The fee for after hours call will be in the amount of \$ 35 (thirty five dollars) and will be due before your next visit to the clinic.

I, \_\_\_\_\_, *have read the above information and fully*  
Print Name

*Understand that I will be responsible for the payment of \$ 35 if I have MEHC's provider paged after hours. I also understand I will be responsible for paying this fee before my next visit to the clinic.*

I, \_\_\_\_\_, *have asked all the questions necessary for my*  
Print Name

*understanding of this payment requirement agreement, and had all of my questions answered to my satisfaction/understanding.*

Patient Name \_\_\_\_\_ Date \_\_\_\_\_  
Print Name

Patient's /Patient Representative Signature \_\_\_\_\_