Mesquite Employee Health Center

Advanced Notice of Payment Requirements

This notice is to inform you that you will be responsible for 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, call 911.

Medication refills, questions about medications or anything related to your scheduled appointment **does not** constitute an emergency. I*f you are not an existing patient (having been seen in our clinic) we are not able to provide any after hours assistance. Please* 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.

THERE IS A $25 (twenty-five dollars) FEE FOR ALL MISSED APPOINTMENTS AND FOR ANY APPOINTMENT CANCELLED WITH LESS THAN 2 HOURS NOTICE PRIOR TO THE SCHEDULED APPOINTEMENT TIME REGARDLESS OF WHAT TIME THE APPOINTEMENT WAS MADE.

I, _____, have read the above information and fully understand that I will be responsible for the payment of $35 if I request that a MEHC's provider be paged after hours. I also understand I will be responsible for payment of $25 for a missed appointment or if I do not give a 2-hour notice to cancel my appointment. I 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 understanding of this payment requirement agreement, and I have all of my questions answered to my satisfaction/understanding.

Patient Name _____ Date _____

Patient or Patient Representative Signature _____

Note: **This agreement is in effect while you are a patient of MEHC.**

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