



**Rakesh K Saini, MD
3600 South Cooper St, 100
Arlington, Texas 76016
(817) 419-6200 Office**

**Internal Medicine
Board Certified**

TO all Patients:

In order to provide you with good service it is of great importance we have your current address and phone numbers on file. Please be sure to contact us if your phone numbers and/or address changes. This information will be utilized to remind you of your upcoming appointment date and time.

• Cancellation/ No Show Policy

Any cancellations, broken appointments, or no shows in which a 24-hour notice is not provided will result in a charge of \$35.00 NO SHOW FEE as this denies the opportunity of another patient being seen who could have been provided care.

• Referrals

Appointment is required for all referrals. Our office requires a 72 hour notice after scheduled appointments for any referrals and/or prior authorizations to be completed.

• FMLA/ DME, Other Forms

Any forms requiring completion by a physician must be completed during a scheduled appointment. This is to ensure that all information is documented and in grievance with all parties involved. There will be a \$25.00 Charge for all FMLA and or Other Forms. Will be collected up front before completion of form.

• Prescriptions will not be refilled over the phone unless prior arrangements have been made. All refills require an office visit to ensure that the correct medication and dosing is given. All RX will be sent electronically through or computer system to ensure proper documentation.

Please be prepared to make any outstanding balance payments at time of visit.

I have been informed and understand the policies listed above.

Patient Printed Name

Patient Signature or Legal Representative

Date