

**Office Policies**

Walter D. Gracia, M.D., P.A.  
1204 5th Avenue  
Fort Worth, TX 76104  
(817) 336-9450

Office hours: 9:00 am – 05:00 pm Monday’s & Tuesday’s  
9:00 am – 02:00 pm Wednesday’s & Thursday’s  
8:00 am – 12:00 pm Friday’s

**Medications:** Request for medication refills should be called in during normal business hours. Please do not request refills for medications after hours, they will not be responded to until the next business day. Keep track of your supply of medications and request refills before running out.

**Medical and/or Billing Records:** If a patient is requesting a copy of medical and/or billing records for personal use there will be a charge of \$25.00 each for medical and/or billing records for the first twenty pages and \$.50 per page for every copy thereafter. The physician may charge separate fees for medical and billing records requested.

We require 15 business days to process medical and/or billing records request. The physician may retain the requested information until payment is received.

**Refunds:** Any refunds are subject to a 5% processing fee. Please allow 30 to 45 days for refunds to be completed. All refunds will be mailed to the address you provided.

**Payment Policy:** Payment is due when services are rendered.

Your insurance coverage is an agreement between you and your insurance company. It is your responsibility to obtain a current insurance referral for your appointment prior to the day of the appointment with us. If you do not have your referral upon arrival or on file we may need to reschedule your appointment. Payment of your account is your responsibility.

There is a fee of \$30.00 for all returned checks.  
We accept Visa, MasterCard, Cashier's Check or Cash.

**Forms / Medical & Billing Records fee's are Not covered by your insurance.**

- Medical records for patient personal use .....\$25.00 and up
- Request to send to other physician .....No Charge
- Patient will need to sign consent from the requested office and fax to our office at (817) 336-3306.
- Billing records for patient personal use.....\$25.00 and up
- FMLA forms, etc).....\$25.00 and up**
- Multiple forms to be filled out .....\$25.00 and up**
- Please allow up to 5 business days for all/any forms to be completed.**
- Payment is due prior to filling out the forms.**

**General Consent of Medical Treatment:**

I hereby authorize Walter D. Gracia, M.D. to furnish information to insurance carriers concerning my illness and treatment and I hereby assign to the physician all payments for medical services rendered me to dependents. I understand that I am responsible for any amounts not covered by insurance.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_