

**Ranjit S. Grewal M.D. PA**

*Cy-Fair Medical Plaza*

11307 FM 1960 West, Suite 350

Houston, Texas 77065

**Guarantor Agreement  
Acknowledgement of Notice of Privacy Practices**

I authorize Ranjit S. Grewal M.D. PA to release any information necessary to process my claims for health care benefits. I agree to assign the benefits of my insurance carrier to Ranjit S. Grewal M.D. PA. I understand that Ranjit S. Grewal, M.D. PA will file my insurance claim as a courtesy to me and is not required to wait for extended delays in payment. I understand that I am fully responsible for any non-covered services, denied services, health insurance deductibles, or unassigned portion of charges at this office.

I have received a copy of the Notice of Privacy Practices (HIPAA) from the office of Ranjit S. Grewal M.D. PA and I consent to the use and sharing of my health records for treatment, payment, and operation purposes as described in the Notice. I know that if I do not consent, services cannot be provided to me.

**I have read and understand all of the following:**

1) Payment (*in the form of cash, check, or credit card* {Visa, Mastercard, and American Express}) is required for all services and/or copayments at the time of visit.

2) Returned checks will be charged a \$30 fee to cover processing and bank fees.

3) Overdue accounts are subject to a \$30.00 late fee after 60 days. In the event that a delinquent account must be turned over to collections, the patient is responsible for all attorney fees, court costs and collection agency fees associated with the collection process.

4) In order to provide the best possible service and availability to all our patients, it is office policy to charge a \$30, no show fee for any appointments not cancelled with at least 24 hours notice. This fee is NOT covered by insurance company and is the full responsibility of the patient. Please call us as early as possible if you know you will need to reschedule or cancel your appointment.

5) When we verify your insurance before appointment, we are given a general idea about your coverage, but we will not know exactly what they cover until we send off the claim and receive an explanation of benefits (EOB). It is a good idea for you to become well acquainted with the specifics of your coverage. If you want to delay a particular procedure until you know these details, the front desk staff will be happy to provide you with the appropriate medical codes for you to give to your insurance company.

6) **PARENTS OF YOUNG CHILDREN:** While we strive to provide a safe environment for everyone, medical exam rooms can be a dangerous place for unsupervised children. Please watch your children closely. For their safety, it is extremely important to keep them away from the medical waste trash can, the drawers and cabinets, all medical equipment and the Doctor's rolling stool. At your request, we can remove some of these items from the room for you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(*patient/parent or guardian*)