



Houston Clinic For Lungevity

Follow Up Patient Form Houston Clinic For Lungevity



2201 W. Holcombe Blvd. STE 320 Houston TX 77030-2042



346-492-6805



630-376-7665

PATIENT ACKNOWLEDGEMENT

This Agreement is entered into by and between Dr. Taitano and Taitano Family, PLLC (collectively, the “Provider”) and the undersigned patient (the “Patient”):

Section 1. Purpose of this Agreement. This Agreement is intended to inform the Patient of the financial responsibilities associated with receiving medical services from the Provider, whose services may not be covered by the Patient’s insurance plan. By signing this Agreement, the Patient acknowledges and accepts the terms of responsibility for payment for services rendered.

Section 2. Insurance Coverage. The Patient’s insurance provider has informed Provider’s office that the services provided by Provider and the Provider are not covered under the Patient’s insurance plan. The Patient has been given the opportunity to verify their coverage with their insurer.

Section 3. Acknowledgment of Non-Covered Services. The Patient understands that the medical services provided by Provider may not be reimbursed by their insurance company, and the Patient agrees to pay for all services provided, regardless of insurance coverage.

Section 4. Financial Responsibility. By signing this Agreement, the Patient agrees to pay for all medical services rendered by Provider. The Patient acknowledges that they are fully responsible for the cost of these services and understands that they will be billed directly for services rendered. Payments may be required at the time of service or according to the payment terms set forth by Provider’s office.

Section 5. Payment Arrangements. If the Patient is unable to pay the full amount due at the time of service, they may request a payment plan, which is subject to approval by Provider’s office. The Patient understands that payment plans, if applicable, must be adhered to and that failure to meet payment obligations may result in further collection actions.

Section 6. Acknowledgment of Informed Consent. By signing below, the Patient acknowledges that they have been informed of the nature of the services to be provided, and they agree to receive treatment from Provider, understanding that they are financially responsible for these services.

Section 7. Authorization for Payment. The Patient authorizes Provider to submit claims to their insurance provider on their behalf, and understands that if the insurance provider does not cover the services, the Patient will be responsible for the full cost.

Section 8. Release of Information. The Patient agrees that, in order to facilitate the billing process, Provider may release necessary information to the insurance company or other third-party payer, as required.



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Section 9. Duration of Agreement. This Agreement will remain in effect for the duration of the Patient's care with Provider, or until the Patient's insurance coverage changes to include coverage of the services provided by Provider, whichever occurs first.

Section 10. Agreement to Terms. By signing this document, the Patient acknowledges that they have read and understood the terms of this Agreement and that they are voluntarily accepting financial responsibility for all services provided by Provider, regardless of insurance coverage.

Patient's Full Name: _____

Patient's Date of Birth: _____

Patient's Signature: _____

Date: _____



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Cancellation Policy

As our practice continues to grow, we have updated our cancellation policy in order to better serve our patients. Your appointment time is reserved especially for you. Please call 346-492-6805 at least 24 hours before your scheduled appointment if you will be unable to keep your appointment. This allows Dr. Taitano to offer that appointment to another patient who needs medical care. Conversely, the situation may arise when another patient fails to cancel and we are unable to schedule you for a visit, due to seemingly "full" calendar for the day. **If you do not cancel your appointment at least 24 hours in advance, you will be charged late cancellation fee of \$25 or a no-show fee of \$50. This fee is not covered by insurance.**

We understand that life gets busy. However, a pattern of missed appointments without proper notice does not show mutual consideration. Patients who fail to provide advanced cancellation for three appointments in the span of one year may be subject to dismissal from the practice.

Late Arrival Policy

We know that delays can happen when you are trying to get to your appointment. However, we must try to keep the other patients and doctors on time. If you arrive 10 minutes after your scheduled time, we may have to reschedule your appointment and charge a no-show fee of \$50.

Text Messages

I consent* to receive, on the cellular phone and/or other telephone number(s) that are provided to the offices of Taitano Familia, PLLC (Houston Clinic for Lungevity), text messages and/or telephone calls. Such text messages and/or telephone calls may be related to any purpose, including those related to my account and/or the care rendered. I understand this consent to communications is not required to receive services, and that data usage and other charges may apply.

***SMS Text Messaging Consent Policy**

Houston Clinic for Lungevity ("we," "our," or "the Clinic") offers SMS text messaging as a convenient way to communicate important administrative and scheduling information to our patients. This policy explains how you may opt in, opt out, what types of messages you may receive, how often we message you, and how we protect your privacy. Use of our SMS program is voluntary, and you may withdraw your consent at any time.

1. How You Opt In You may voluntarily opt in to receive text messages in any of the following ways:

1.1 Paper Intake Forms You may authorize SMS messages by checking the consent box and providing your mobile number on your new patient paperwork.



1.2 Online Forms / Patient Portal Registration You may grant consent electronically when completing digital intake forms or online appointment requests.

1.3 Electronic Check-In (In-Office or Online) During electronic check-in, you may confirm or update your



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preference to receive SMS reminders.

1.4 Appointment Scheduling Platforms You may opt in when confirming or booking an appointment through our online scheduling system.

1.5 Text-to-Opt-In Keyword Enrollment You may join our SMS program by texting our designated keyword (e.g., “LUNG” or “START”) to the phone number listed on our communication materials or website.

1.6 Double Opt-In (When Required) If you enroll via website or keyword, you may receive a confirmation message asking you to reply YES to complete your enrollment. Opt-in consent will always include disclosure about message frequency, potential carrier fees, and STOP/HELP instructions.

2. Types of Messages You Will Receive SMS messages sent by the Clinic are administrative only and are not used for diagnostic or clinical communication. Message types include: ✓ Appointment-related messages Confirmation of scheduled visits Reminders (72 hours, 24 hours, same-day) Requests to confirm or reschedule Instructions for upcoming visits ✓ Administrative notifications Office hours and holiday closures Weather/emergency closure updates Check-in or paperwork reminders Updates about clinic policies ✓ Care coordination (non-PHI) Refill request received Test results available in your secure portal Request to call the office for assistance ✓ Billing and insurance (non-PHI) Notification that a bill or statement is available Reminders to update insurance information ✓ After-hours messages Automatic response when texting us outside normal business hours Emergency warnings (“If this is a medical emergency, call 911.”) We do NOT send protected health information (PHI), diagnoses, test results, or confidential medical content through SMS.

3. Message Frequency Message frequency varies depending on your appointment activity and clinic needs. Typical frequency is: 1–4 messages per appointment plus occasional operational alerts. You will not receive marketing or promotional SMS messages.

4. How to Opt Out (STOP Command) You may opt out of SMS messages at any time by replying: STOP Once received, you will immediately receive: “You have opted out of Houston Clinic for Lungevity text messages and will no longer receive alerts. Reply START to resume.” You may also opt out by contacting our office directly by phone or in writing.

5. How to Request Help (HELP Command) At any time, you may reply: HELP You will receive: “Houston Clinic for Lungevity Support: Call 346-492-6805. Msg & data rates may apply. Reply STOP to cancel.”

6. Charges and Carrier Fees The Clinic does not charge for SMS messaging. Your mobile carrier’s message and data rates may apply based on your individual plan.

7. Privacy & Data Protection We take your privacy and security seriously.

7.1 No PHI via SMS To protect your confidentiality and comply with HIPAA, we do not transmit sensitive medical information through SMS.

7.2 Secure Use of Your Mobile Number Your mobile number is used exclusively for Clinic communication and is: Never sold Never shared with third parties for marketing Never used for unrelated purposes SMS services may rely on third-party providers (such as 8x8 and participating mobile carriers) solely to deliver messages. These vendors must maintain appropriate security standards.

8. Voluntary Participation Your decision to receive SMS messages is optional and not required for treatment. You will continue to receive care even if you decline or opt out of SMS messaging.



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9. Changes to This Policy We may occasionally update this policy to reflect operational needs, legal requirements, or improvements to our communication processes. Updates will be posted on our website with a revised “Last Updated” date.

10. Contact Us If you have questions about this SMS policy or need assistance managing your preferences, please contact us: Houston Clinic for Lungevity 2201 W Holcombe Blvd. Suite 320 Houston TX 77030 Phone: 346-492-6805 Email: info@houstonclinicforlungevity.com

I have read and acknowledged your text, payment, cancellation and late policies.

Patient’s Signature

Date

Parent or Legal Guardian’s Signature (patients under 18 years of age)

Date