

TEXOMA UROLOGY CENTER
ADULT and PEDIATRIC UROLOGY
INFERTILITY and SEXUAL DYSFUNCTION
Nd: YAG LASER SURGERY
EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY
PROSTATIC ULTRASOUND

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ABOUT OUR FEES

Dear Patient:

Your fee is based on the time I spend with you during your visit, the complexity of your medical condition, and any treatment I provide. But proper attention to your care also requires that I, or members of my staff, spend additional time beyond that which we spend with you in the office.

Such time may be used to:

- Create or maintain your permanent medical record.
- Review, interpret, and document all test results and communicate those results – orally or in writing – to you and to your primary care physician.
- Prepare and mail consultation reports and letters suggesting patients come in for a follow-up visit.
- Consult via phone about your case with referring or consulting physicians and other health care providers.
- Prepare referral letters or contact additional specialist, as needed.
- Prepare or provide patient educational materials.
- Conduct medical research relevant to your case.
- Communicate with pharmacies about your prescriptions
- Review and manage hospital records.
- Arrange for hospital admissions and follow up consultations with health care providers, as needed.

All these activities add to our cost of doing business. Still, we are committed to providing you the best possible care at the lowest cost. We hope this explanation of our fees has been helpful. With you, our patient, we look forward to a lasting and healthy relationship.

INFORMATION ON ANY TESTS AND XRAYS ORDERED

IF ANY OUTSIDE TESTS ARE ORDERED FOR YOU, PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO CALL THIS OFFICE FOR ANY TEST RESULTS, INCLUDING, BUT NOT LIMITED TO, LAB, X-RAYS, PATHOLOGY AND CONSULTS FROM OTHER PHYSICIANS. YOUR SIGNATURE VERIFIES THAT YOU HAVE BEEN GIVEN INSTRUCTIONS FOR YOUR TEST AND THAT YOU UNDERSTAND THAT IT IS YOUR RESPONSIBILITY TO CALL OUR OFFICE FOR THE RESULTS OF THESE TESTS.

Patient Signature

