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2821 Michael Angelo Dr. Suite 102 ● Edinburg, Texas 78539
956-686-6100 (Office) ● 956-686-6115 (Fax)
Monday – Friday 8AM – 5PM, Saturdays 8AM – 1PM

OFFICE POLICIES

- Updates on patient information are required at every visit. Please help us keep your phone number, mailing address, and email address up-to-date in our system.
- Insurance and Medicaid cards, along with a valid ID, are required at every visit and will become a part of the patient’s record.
- Medicaid must be active for a patient to receive medical benefits. If not, the guarantor is responsible to pay for the visit in full at the time of service. Payment plans are available.
- All copays, deductibles, coinsurances, and past due balances are required to be paid before being seen in the clinic.
- Same day appointments will be scheduled with the primary care physician when available.
- Patients that walk in for an appointment will be scheduled with a Physician Assistant. Walk in appointments are worked in after same day appointments. The wait for a walk in can be up to two hours.
- Families that arrive 15 minutes late for their appointment will need to be rescheduled.
- If a patient comes in for a sick visit and is due or overdue for a well visit exam, the provider will conduct both services.
- If a patient comes in for a well visit and symptoms of an illness are discussed, the sick visit benefits will apply to the visit according to the patient’s insurance and will be collected at check-out.
- Copies of medical records must be picked up and paid for by the patient’s guarantor.
- The following fees will be charged for non-medical services:
 - Medical records - \$25.00 for the first 25 pages and \$0.50 for every page thereafter.
 - Billing records - \$5.00
 - New vaccine cards - \$5.00
 - Provider’s signature for physical forms - \$10.00
 - Letter of medical necessity - \$25.00

Acknowledgment of Office Policies

I acknowledge receiving Pediatric Center at Renaissance’s Office Policies. By acknowledging this I am accepting the policies as stated. I have read this form and I have had an opportunity to ask questions about it.

Parent/Guardian’s Signature: _____

Patient’s Name: _____ Date of birth (MM/DD/YYYY): _____

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