



# NOTICE

»»» **TO NEW PATIENTS** «««

**WE ARE  
REQUIRED BY  
YOUR  
INSURANCE**

**TO COLLECT THE \$150 OFFICE  
VISIT FEE IF YOU HAVE NOT  
MET YOUR DEDUCTIBLE PRIOR  
TO SEEING THE DOCTOR.**

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**FOLLOW-UP VISITS \$95**

**NO EXCEPTIONS**

**Thank you for your cooperation.  
Lone Star Medical Associates**