



**VALLEY INTENSIVISTS, PULMONOLOGISTS AND
SLEEP SPECIALISTS**

1200 E. Savannah Ave. Suite 12

McAllen, TX 78503

Tel: (956) 688-6300 Fax: (956) 688-6303

Payment Notice

By signing below, I understand that VIPS is a Professional Doctor's Office and payment for services at the time services are to be rendered is required. This includes copays/ deductibles/ co-insurances and deposits.

Patient Signature: _____

Date: _____

Name of Personal Responsible: _____

Relationship to Patient: _____

- The \$20 deposit will be refunded at the time of the sleep study follow up. If the patient has a balance, the deposit will be applied towards that outstanding balance. Patient is responsible to call 24 hours prior to sleep study to cancel/ reschedule or patient will lose the \$20 deposit. Patient will be responsible to pay an additional \$20 sleep study deposit prior to the next sleep study appointment.