



The Dallas Limb
Restoration Center

Orthopaedic Oncology • Musculoskeletal Tumors • Major Joint Reconstruction

Welcome to our office. Appointments are scheduled by calling our main number. If you are experiencing a medical emergency, call 911. If you are experiencing a problem between appointments, please call and we will decide together if the problem can be handled by phone or visit. We respectfully ask that you schedule separate appointments for each injury or illness. Your cooperation is appreciated.

1. **OFFICE VISIT** - A valid **CURRENT** insurance card and photo ID must be available at each office visit. Payment is expected at the time services are rendered. We will help you by filing your insurance for the covered portion. The deductibles and non-covered portions are due at the time of service. For your convenience, we accept cash, check, and credit cards; Visa, American Express, MasterCard. If you are more than **30 minutes** late, we may need to reschedule your appointment. Most insurance plans cover 80-100% of your visits. Some insurance policies have deductibles and/or copayments; some do not. **THIS IS DUE AT CHECK IN.** If your insurance does not pay its portion within sixty days, you will be called upon to assist in the collection/payment process. Regrettably, it is possible that an appointment may be delayed or rescheduled when accounts are significantly behind. **Initial:** _____
2. **MEDICAL INSURANCE** - Medical insurance plans vary widely in their coverage of services. Your contract is an agreement between you and the insurance company. This contract does not obligate the doctor to charge a specific fee or to accept reimbursement from your insurance company as payment in full, unless the contracted amount is paid on time. You will remain responsible for the uncovered balance. Complaints or inquiries about insurance coverage should be directed to your insurance carrier. **Initial:** _____
WE DO NOT BILL AUTO INSURANCE OR THIRD PARTY LIABILITY INSURANCE.
3. **PREAUTHORIZATION OF BENEFITS** - In some instances, pre-authorization of benefits is required from your insurance carrier. **If required it is your responsibility to obtain the pre-authorization.** If you decide to forego the pre-authorization, then you are totally responsible to pay personally at the time of services. Pre-authorization are limited to the dates approved. **Initial:** _____
4. **NO-SHOW POLICY** - We require **one full business day** notice to reschedule or cancel an appointment (for example, call Friday morning regarding the following Monday). Our no-show policy fee for a **broken appointment is \$50.00** for less than 1 (one) business day of notice. We do understand that things beyond your control can occur. If this is the case, please call. **Initial:** _____
5. **COLLECTIONS** - All charges are payable within sixty (60) days. Unpaid accounts force us to raise our fees, and to terminate service for the respective patient. Because of this, we are committed to pursue any unpaid account balances. Unpaid accounts will be referred to a professional collection agency, (**50% charge added to accounts referred to collections**) and pursued in the courts; NSF checks must be refunded to us immediately. Fee of \$25.00 plus the amount of the check due immediately; payment in cash, money order or cashier's check. If you have a financial problem, special arrangements can be made if notification is given to our office at the earliest possible moment. **Initial:** _____
6. **PRESCRIPTIONS** - All medications, including refills are prescribed based on your current condition. Follow up appointments are scheduled to monitor your conditions. If your last appointment was not kept, refills may not be allowed. Call for prescription refills should be placed to your pharmacy. The pharmacy will fax this request to our office. Prescription requests received after 3:00 pm will not be processed until the next business day. **We do not fax NEW prescriptions.** Pain medications **WILL NOT** be refilled on weekends, holidays or by our on call providers. Therefore, it is your responsibility to call the pharmacy for refills **24** hours prior to running out of medication. **Initial:** _____
7. **TEST RESULTS** - Diagnostic testing results (MRI, CT, biopsies, etc.) return at different times and may take as long as two weeks. The results are monitored and checked as they arrive. Abnormal results often require prompt attention/action and you will be notified immediately. Otherwise, all results are given to the physician and he will discuss the results with you at your next appointment. **Unless specifically instructed to do so, please do not call the office for results.** **Initial:** _____
8. **TELEPHONE CALLS** - Patients sometimes become upset when they call the office and cannot get through to the doctor. Our staff is trained to handle all in-coming telephone calls. This procedure allows us to attend to the patients with a minimum of interruptions. **PLEASE** be patient, this is a courtesy that you would want observed if you were the patient in the office at the time. **REPEATED CALLS for the same reason will not facilitate your call.** Your call will be handled as soon as possible, if not immediately. **Initial:** _____
9. **FORMS, LETTER AND MEDICAL RECORDS** - There is a charge for forms that we must complete, or letters that we write. **PRE-PAYMENT IS REQUIRED.** Disability forms require 30 days to complete. Medical records require authorization and we strictly adhere to HIPAA rules and regulations. Forms and correspondence completion are payable in advance (physician to physician free service). **Initial:** _____
10. **SURGERY** - If a surgical procedure is necessary, a deposit may be required depending on your insurance plan. If there is an applicable deductible and/or co-insurance due it will be collected **PRIOR** to your procedure. It is recommended that you contact your insurance carrier to understand your benefits and what you may or may not be responsible for, especially if surgery is anticipated. **Initial:** _____

We appreciate your cooperation.

REVISED: May, 2012

Patient Signature: _____

Date: _____