

# WELCOME

It is our pleasure to have you as a new patient. We hope that you find the following information helpful as you prepare for your first appointment. Orthopaedic care is considered a specialty under most insurance plans. We advise that you check with your carrier in advance to understand your coverage benefits. If your insurance company requires a referral from your primary care provider, it is your responsibility to obtain the required referral.

Please take the time to register for our online Patient Portal and complete your Medical History prior to your first appointment. On your appointment day, please remember to bring your current insurance card(s), a picture ID and bring a copy of your current medication list. It is also important that you bring a copy of any recent testing performed within the past 6 months which pertains to the condition you are being seen in our office for; e.g., previous operative reports, previous clinic notes, and a copy of any X-rays, MRI, Bone, or CT scans **on a CD**.

Please note that failure to give our office a 24-hour notice of cancellation, or a “No-Show,” will result in a \$25.00 charge. In order to be respectful of the medical needs of other patients, please call promptly if you are not able to attend your appointment. Patients arriving more than 5 minutes late to their appointments may be asked to reschedule to a different time that day or to a different date.

An Electromyography (EMG) appointment no show, late cancellation, or reschedule made less than 24 hours before the scheduled visit will result in a cancellation fee of \$150.

We would also like to make you aware that you must allow 72 business hours for completion of any prescription and/or prescription refill requests. If you are in need of a prescription refill, please contact your pharmacy first so that a refill request is received by our office.

You may be required to have an X-ray performed in our office in order to properly diagnose your condition. Dressing appropriately, i.e., loose clothing which allows easier access in viewing your injury, and minimal jewelry, will help to make your visit more comfortable.

We are pleased to offer established patients with access to our patient portal; an internet based application that enables you to communicate with your provider(s) through a secure, HIPAA compliant, network. We strongly encourage all patients to utilize the portal as a preferred method of communication with our office. Access the patient portal from our website: [www.flagstaffboneandjoint.com](http://www.flagstaffboneandjoint.com).

If for any reason during your treatment period you are not satisfied with your care and your questions and concerns were not addressed in a timely manner, please contact our Chief Operations Officer, Kerri Harlan, at (928) 773-2481 or email [kharlan@flagstaffboneandjoint.com](mailto:kharlan@flagstaffboneandjoint.com).

# 24/7

# ONLINE PATIENT RESOURCES

Access the below online resources from our website:  
[www.flagstaffboneandjoint.com](http://www.flagstaffboneandjoint.com)

## Portal Messaging

Secure messaging allows you to communicate with your care team or our billing department anytime, day or night

## Bill Pay

Secure way to view statements and pay bills

## Patient Education

**Health Articles** - example: Tips to get great posture

**BLOG** - Monthly postings by FBJ providers

**Video Library** - Pre-op education videos & procedure videos

## Forms

**New Patient Welcome Packet**

**Records & Films Request**

FLAGSTAFF  
**BONE & JOINT**

ORTHOPAEDIC EXCELLENCE. EXCEPTIONAL CARE.

# IMPORTANT CONTACT INFORMATION

## Flagstaff Bone & Joint Services

- **Scheduling & Front Desk** (Flagstaff & Cottonwood Offices): Phone: (928) 773-2280 Fax: (928) 773-2281
- **Scheduling & Front Desk** (Kingman Office) Phone: (928) 692-9668 Fax: (855) 261-6164
- **Billing Department:** Phone: (928) 214-2890 Fax: (928) 773-2281
- **Physical Therapy Services:** Phone: (928) 214-2836 Fax: (928) 773-2281
- **Durable Medical Equipment:** DME is available on-site at time of visit. For questions regarding DME products/services, contact DME Coordinator at (928) 213-6231.

## Other Facilities Flagstaff Bone & Joint May Refer Patients To

- **SimonMed Imaging:** (928) 223-0200 1000 N. Humphreys, Suite 100, Flagstaff, AZ 86001
- **Flagstaff Medical Center:** Radiology: (928) 773-2138 Cardiology/Respiratory: (928) 773-2211 Labs: (928) 773-2143 1200 N. Beaver Street, Flagstaff, AZ 86001
- **Hanger Prosthetics & Orthotics:** (928) 773-2544 77 W. Forest Ave, Suite 208, Flagstaff, AZ 86001
- **Kingman Regional Medical Center:** Radiology: (928) 692-2727 Cardiology: (928) 681-8724 Labs: (928) 757-0616 3269 Stockton Hill Road, Kingman, AZ 86409
- **Little Colorado Medical Center:** (928) 289-2726 1501 N. Williamson Avenue, Winslow, AZ 86047
- **Northern Arizona Radiology:** (928) 773-2515 77 W. Forest Avenue, Suite 101, Flagstaff, AZ 86001
- **Verde Valley Medical Imaging Center:** (928) 649-1260 340 S. Willard Street, Cottonwood, AZ 86326

## Surgery Centers

- **Surgery Center at Flagstaff Bone & Joint:** (928) 440-4610 501 N. Switzer Canyon Drive, Flagstaff, AZ 86001
- **Flagstaff Medical Center Pre-Admission:** (928) 773-2048 1200 N. Beaver Street, Flagstaff, AZ 86001
- **Northern AZ Outpatient Surgery Center (NAHOSC):** (928) 226-3026 1485 N. Turquoise Drive, Flagstaff, AZ 86001
- **Northern AZ Surgery Center (NASC):** (928) 774-3300 1020 N. San Francisco Street, Suite 200, Flagstaff, AZ 86001
- **Arizona Specialty Hospital:** (602) 797-7700 750 N. 40th Street, Phoenix, AZ 85008
- **The Ambulatory Surgery Center (TASC):** (928) 214-2700 1200 N. Beaver Street, Suite B, Flagstaff, AZ 86001

## Labs

- **LabCorp:** (928) 774-0376 1503 S. Yale Street, Suite 100, Flagstaff, AZ 86001
- **Sonora Quest:** (928) 774-8237 1100 N. San Francisco Street, Suite C, Flagstaff, AZ 86001

## Prescriptions

**Please allow 72 hours for the completion of all refill requests. Additional time may be needed for weekends and holidays.**

- If you need a prescription refill, please contact your pharmacy.
- If you are requesting a prescription due to a change in your symptoms (i.e. increased pain, swelling, new concerns, etc) please contact your provider's Medical Assistant first to discuss, as a new or additional prescription may be needed.
- Prescriptions are given for 8-12 weeks only, depending on the services you receive.

A Televisit is the practice of healthcare delivery (diagnosis, consultation, treatment, and transfer of medical data) through an interactive online audio and video communication tool. These video-based appointments are performed from the privacy of the patient's home with their personal smartphone, tablet, laptop, or desktop and allows the patient to interact directly with a Flagstaff Bone and Joint (FBJ) provider.

## **Benefits of Televisits**

- Convenience for the patients
- Obtain test results and consults from FBJ providers at distant sites
- Improved access to timely care
- Option for high risk patients to decrease their risk of spreading or encountering an infectious disease or condition (Covid-19)

## **Risks of Televisits**

There are potential risks associated with the use of Televisits. These risks may include, but are not limited to:

- Audio or visual images may not be as good as in person
- The FBJ provider can't utilize the sense of touch to assist in diagnosis, treatment, or therapy
- Delays in medical evaluation and treatment could occur due to failure of video or audio equipment
- Security protocols could fail, causing a breach of privacy of personal medical information

## **Alternatives**

There are alternative methods of healthcare delivery available and patients have the right to choose one or more of these at any time:

- Travel distance to physically see a FBJ provider. FBJ clinic locations: Flagstaff, Cottonwood, Sedona, Kingman
- Choose to see a provider closer to the patient's location
- FBJ providers may be able to offer other alternatives to meet the patients needs

## **Confidentiality**

The laws that protect the privacy and confidentiality of medical information also apply to Televisits. Every reasonable effort will be made to protect the security and confidentiality of patient's medical information. FBJ does not record Televisits. The Televisit is documented similarly to an in-office visit via a FBJ provider encounter note. Patients or a patient's representative has the right to inspect information documented in the provider note during a Televisit.

## **Option Not to Participate**

Patients have the option to not participate in Televisits at any time within the course of their care. Patients simply need to let our office know they no longer wish to proceed with Televisits.

FBJ providers do not guarantee or assure a specific outcome or result of a Televisit.

# CONTROLLED SUBSTANCE & PRESCRIPTION REFILL AGREEMENT

During the course of your treatment at Flagstaff Bone & Joint (FBJ), your physician may prescribe controlled substances. The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you. This agreement also outlines FBJ's prescription refill process. Compliance with this agreement will help to ensure that you get the safest and best possible care at our facility.

## General

1. You are expected to inform our office of any new medications, medical conditions, and of any adverse reactions you experience from any of the medications that you take.
2. You will not get controlled substances from any other healthcare provider without telling them you are taking medications prescribed by FBJ providers. In addition, you will keep FBJ informed of all medications you receive from other physicians. This includes the emergency department at hospitals.
3. You agree to not give or sell your medications to any other person or otherwise permit others to have access to your medications. You agree to keep these medications in a secure place.
4. You will not alter your medications in any way (for example crushing or chewing tablets). Furthermore, you understand that changing the date, quantity, or strength of medications or altering a prescription in any way, shape, or form is against the law.
5. It should be understood that any medical treatment is initially a trial, in that a continued prescription is contingent on evidence of benefit. In addition, you understand that once orthopaedic care is completed, refills of medications may be transferred to your primary care physician. If you do not have a primary care physician at that time, you will have from 1-3 months to find a physician who will take over your care and prescribe your medications.

## Refills

1. Your physician at FBJ will not prescribe pain medication unless you have had a surgical procedure by one of FBJ's orthopaedic surgeons. FBJ's orthopaedic surgeons will only provide pain medication during your postsurgical global period.
2. **Prescriptions will not be phones in after hours, on weekends, or holidays. No exceptions.**
3. **Please call your pharmacy for refill requests at least 3 days prior to your last dose of medication.** Do not wait until the day your medication runs out.
4. Refills will not be made if you "run out early." You agree to use your medications at a rate no greater than the prescribed rate unless it is discussed directly with your FBJ physician.
5. Refills are contingent upon keeping scheduled appointments and following the FBJ prescription policy. You agree to fully comply with all aspects of your treatment program, including behavioral, medicinal, and physical therapy. Failure to do so may lead to discontinuation of your medication.
6. Please use only one pharmacy for refills of your medications, whenever possible. Should the need arise to change pharmacies, our office must be informed. Using the same pharmacy helps assure that the pharmacy will stock your medications for refills and that the pharmacy will know that you have a legitimate need for the medications.

If at any time you are concerned about your medications or side effects of your medication, please call your physician. I understand that if I violate these policies, my controlled substance prescriptions with FBJ may be terminated. I have read the above Controlled Substance and Prescription Refill Agreement and agree to the Terms and Conditions as set forth in the above document.

Our goal is to provide and maintain a good physician-patient relationship. We regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. Please read each section carefully. If you have any questions, do not hesitate to ask a member of our staff.

## Insurance Plans

Please understand:

1. It is your responsibility to keep us updated with your correct insurance information. **Inaccurate or untimely information given to staff that results in denial or non-coverage by your insurance company will result in your responsibility for the charges. If you provide our office with corrected insurance within 90 days of your visit, we will rebill charges on your behalf.**
2. It is your responsibility to understand your benefit plan and what services are covered. Not all services provided by our office are covered by every plan. Any service determined to be non-covered by your plan will be your responsibility.
3. It is your responsibility to know if a referral or authorization is required to see specialists and if preauthorization is required prior to a procedure.
4. **Out-of-network** insurances will be billed as a courtesy, only if you have out-of-network benefits. We cannot accept out-of-network Medicaid or out-of-state HMO policies.
5. **Accident/Workers' Compensation:** Patients will be financially responsible for medical services related to accident/workers' comp which are denied. Patients must provide our staff the date of injury, claim number, insurance company, address, phone number, and contact of claims adjuster prior to coming to the office. If accident/workers' comp denies and you have private insurance, they may be billed. If neither accident/workers' comp nor private insurance pays, you, the patient, are responsible for payment. **Workers' comp outside the state of Arizona is not accepted.**

## Financial Responsibility

1. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
2. **Co-payments** are due at the time of service. A **\$5.00 service fee** will be charged in addition to your co-payment if the co-payment is not paid by the end of that business day.
3. If you participate with a **high-deductible** health plan, payment is required at the time of service or a deposit toward your visit may be requested until your deductible has been met.
4. **Self-pay (no insurance)**, full payment is required at time of service.
5. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days upon receipt of bill.
6. Balances unpaid for more than 90 days may be turned over to collections to the Law Office of Tevis Reich or TCS collections, unless other arrangements have been made with the billing department. **If your account is turned to collections, you will be responsible for attorney fees, court costs, and the cost of collections and any judgment shall accrue 18% per annum until paid.** Accounts turned to collections may result in dismissal from the practice until full debt is paid.



7. For all services rendered to minor patients, we will look to the accompanying parent or adult for payment at the time of service. It is your responsibility to work out payment for medical care between the custodial and noncustodial parents.
8. A \$35.00 fee will be charged for any checks returned for insufficient funds.
9. We accept cash, checks, Visa, Discover, Mastercard, and CareCredit financing as forms of payment.

## **Surgical Deposit**

*The decision to proceed with a surgical procedure is often a difficult one. At Flagstaff Bone & Joint, we respect your need for certainty regarding your decision to schedule the procedure. The administrative work involved in booking a procedure is extensive. Just as you would like to be certain of your choice, we also need to know that your decision is well thought out and secure.*

1. If you participate with a high deductible plan, a deposit of \$500.00 will be collected when your surgery is scheduled. This deposit will be applied to your balance after your insurance processes the claim. If you owe us nothing after your surgery claim is paid, we will promptly refund your money.
2. **Self-pay (no insurance)**, full payment is required at time of service.
3. A fee of \$200.00 will be deducted from your deposit if cancellation or rescheduling occurs less than 21 days from surgery date. If there is a medically documented need for cancellation, the fee will be waived and the deposit will be returned.
4. You will receive separate bills from the hospital/facility, anesthesia, pathology, and ancillary providers (assistants/co-surgeons). Your surgery scheduler can provide you with contact information to these facilities.
5. Post-op “global care” is included for office follow-up care for 90 days beginning the date of surgery. Global care does not cover X-rays, DME, or physical therapy and may be subject to co-pays, coinsurance, or deductibles.
6. If you would like to receive a full estimate of out of pocket expenses, please contact our billing office at (928)214-2890.

## **Forms**

Any paperwork or forms not mandated by your health insurance company (i.e., FMLA, short-term disability, etc.) are subject to a \$20.00 completion fee. An additional \$5.00 will be added to forms/paperwork more than 5 pages. This fee must be paid prior to forms being filled out. Completion of all paperwork will take up to 14 days after fee has been paid.

## **No Shows/Late Cancellations**

Missed or late canceled appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. A fee of \$25 will be charged if notice of cancellation is not provided 24 hours in advance. After a third missed appointment within a 12-month period, the patient will be discharged from the practice due to a failed professional relationship. Cancellations should be 24 hours in advance.

*For purposes of disclosure, our physicians have financial medical affiliations with other medical companies. Please visit our website to see our physicians' financial medical affiliations.*

# NOTICE OF PRIVACY PRACTICES

**Effective Date: April 14, 2003**

This notice describes how personal health information about you may be used and disclosed and how you can get access to this information. Please review carefully.

We respect patient confidentiality and only release personal health information about you in accordance with the state and federal law. This notice describes our policies related to the use of the records of your care generated by Flagstaff Bone & Joint (FBJ).

Privacy Contact: If you have any questions about this policy or your rights, contact the Director of Operations at (928) 773-2481

**USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

In order to effectively provide you care, there are times when we will need to share your personal health information with others beyond FBJ. This includes for:

**Treatment:** With your permission, we may use or disclose personal health information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside FBJ that we are consulting with or referring you to.

**Payment:** Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

**Healthcare Operations:** We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, and training staff.

**Information Disclosed Without Your Consent:** Under state and federal law, information about you may be disclosed without your consent in the following circumstances:

**Emergencies:** Sufficient information may be shared to address the immediate emergency you are facing.

**Follow-Up Appointments/Care:** We will be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**As Required by Law:** This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect, including child abuse, elder abuse, or institutional abuse.

**Coroners, Funeral Directors:** We may disclose personal health information to a coroner or personal health examiner and funeral directors for the purposes of carrying out their duties.

**Governmental Requirements:** We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to healthcare.

**Criminal Activity or Danger to Others:** If a crime is committed on our premises or against our personnel, we may share information with law enforcement officials to apprehend the criminal. We also have the right to involve law enforcement and to warn any potential victims when we believe an immediate danger may exist to someone, or if we believe you present a danger to yourself.



## **PATIENT REQUESTS**

You have the following rights under state and federal law:

**Copy of Record:** You may request to inspect the personal health record FBJ has generated about you. We may charge you a reasonable fee for copying and mailing your records.

**Release of record:** You may consent in writing to release your record to others for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

**Restriction of Record:** You may ask us not to use or disclose part of the personal health information. This request must be in writing. FBJ is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to the Practice Manager who will consult with the staff involved in your care to determine if the request can be granted.

**Contacting You:** You may request that we send information to another address or by alternative means. We will honor such a request as long as it is reasonable and we are assured it is correct. We have the right to verify that the payment information you are providing is correct. Due to agency policy, we are not able to provide information by email.

**Amending Record:** If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this, contact the Practice Manager and ask for the Request to Amend Health Information Form. In certain cases, we may deny your request. If we deny your request for an amendment, you have the right to file a statement stating that you disagree with us. We will then add our response and your statement to your record.

**Accounting for Disclosures:** You may request a listing of any disclosures we have made related to your personal health information, except for information we used for treatment, payment, or healthcare operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period, no longer than six years, and after April 14, 2003, please submit your request in writing to our Privacy Coordinator. We will notify you of the cost involved in preparing this list.

**Questions or Complaints:** If you have any questions or complaints, you may contact our Privacy Coordinator in writing at our office for further information. We will not retaliate against you for filing a complaint.

**Changes in Policy:** FBJ reserves the right to change its Privacy Policy based on the needs of FBJ and changes in state and federal law.

## **Notice of Privacy Policy Revision Number 1**

**Effective Date: April 14, 2003**

**Kerri Harlan, Chief Operations Officer**

**(928) 773-2481**

**Nondiscrimination Notice:** Flagstaff Bone & Joint complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

# NOTICE OF HEALTH INFORMATION PRACTICES

You are receiving this notice because your healthcare provider participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information. This notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

## **How does Health Current help you to get better care?**

In a paper-based record system, your health information is mailed or faxed to your doctor, but sometimes these records are lost or don't arrive in time for your appointment. If you allow your health information to be shared through the HIE, your doctors are able to access it electronically in a secure and timely manner.

## **What health information is available through Health Current?**

The following types of health information may be available:

- Hospital records
- Medical history
- Medications
- Allergies
- Lab test results
- Radiology reports
- Clinic and doctor visit information
- Health plan enrollment and eligibility
- Other information helpful for your treatment

## **Who can view your health information through Health Current, and when can it be shared?**

People involved in your care will have access to your health information. This may include your doctors, nurses, other healthcare providers, health plan, and any organization or person who is working on behalf of your healthcare providers and health plan. They may access your information for treatment, care coordination, care or case management, transition of care planning, payment for your treatment, conducting quality assessment and improvement activities, developing clinical guidelines and protocols, conducting patient safety activities, and population health services. Medical examiners, public health authorities, organ procurement organizations, and others may also access health information for certain approved purposes, such as conducting death investigations, public health investigations, and organ, eye, or tissue donation and transplantation, as permitted by applicable law.

Health Current may also use your health information as required by law and as necessary to perform services for healthcare providers, health plans, and others participating with Health Current.

The Health Current Board of Directors can expand the reasons why healthcare providers and others may access your health information in the future as long as the access is permitted by law. That information is on the Health Current website: [healthcurrent.org/permitted-use](http://healthcurrent.org/permitted-use)

You also may permit others to access your health information by signing an authorization form. They may only access the health information described in the authorization form for the purposes stated on that form.

## **Does Health Current receive behavioral health information, and if so, who can access it?**

Health Current does receive behavioral health information, including substance abuse treatment records. Federal law gives special confidentiality protection to substance abuse treatment records from some substance abuse treatment programs. Health Current keeps these protected substance abuse treatment records separate from the rest of your health information. Health Current will only share these protected substance abuse treatment records it receives from these programs in two cases. One, medical personnel may access this information in a medical emergency. Two, you may sign a consent form giving your healthcare provider or others access to this information.

## **How is your health information protected?**

Federal and state laws, such as HIPAA, protect the confidentiality of your health information. Your information is shared using secure transmission. Health Current has security measures in place to prevent someone who is not authorized from having access. Each person has a username and password, and the system records all access to your information.

## **Your Rights Regarding Secure Electronic Information Sharing**

### **You have the right to:**

1. Ask for a copy of your health information that is available through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider.
2. Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct the information.
3. Ask for a list of people who have viewed your information through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider. Please let your healthcare provider know if you think someone has viewed your information who should not have.

### **You have the right under article 27, section 2 of the Arizona Constitution and Arizona Revised Statutes title 36, section 3802 to keep your health information from being shared electronically through Health Current:**

1. Except as otherwise provided by state or federal law, you may “opt out” of having your information shared through Health Current. To opt out, ask your healthcare provider for the Opt Out Form. Your information will not be available for sharing through Health Current within 30 days of Health Current receiving your Opt Out Form from your healthcare provider.

**Caution:** If you opt out, your health information will NOT be available to your healthcare providers even in an emergency.

2. If you opt out today, you can change your mind at any time by completing an Opt Back In Form and returning it to your healthcare provider.
3. If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

**IF YOU DO NOTHING, YOUR INFORMATION MAY BE SECURELY SHARED THROUGH HEALTH CURRENT.**