

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.

On your appointment day, please remember to bring your current insurance card(s) and a picture ID. Please take the time to register for our online Patient Portal and complete the online Medical History portion of the portal. The responses provided by you will greatly assist us in understanding your individualized healthcare needs. Please make sure to complete this important portion of the registration process prior to arriving to your appointment.

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 scans, bone scans, 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 \$50.00 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.

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 remember to contact your pharmacy first so that a refill request is received by our office.

Finally, please remember that 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.

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 Director of Operations, Kerri Harlan, at (928) 773-2481 or email kharlan@flagstaffboneandjoint.com.

Check out our website:
www.flagstaffboneandjoint.com

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 Flagstaff Bone & Joint'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 may receive from other physicians. This includes the emergency department at hospitals if you are treated.
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 phoned in after hours, on weekends, or holidays. No exceptions.**
3. **Please call in 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. Some prescriptions cannot be refilled by phone or mail. In these situations, you must pick up your prescription from our office during normal business hours: Monday – Friday, 8:00 a.m. to 5:00 p.m.
5. 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.
6. 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.
7. 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 medications, 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 noncoverage 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 in case of divorce; 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. A deposit of \$500.00 will be collected when the 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, and pathology. 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.

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. 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, Dr. John Hall and Dr. Ross Jones have a relationship with DePuy Synthes as educational trainers. Dr. Darius Moezzi is a teaching consultant for Arthrex, which involves physical education. Dr. Amber Randall has a relationship with OMNI robotics as a paid consultant.

Effective 1/1/2019

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 it 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 record.

Release of Records: You may consent in writing to release your records 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 a 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 a right to file a statement stating that you disagree with us. We will then file our response and your statement and our response to it will be added 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, Operations Manager

(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, and population health services.

You 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. 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 at healthcurrent.org/permitted-use.

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 federally

assisted 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 the 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. Contact your healthcare provider, and you can get a copy within 30 days.
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. Contact your healthcare provider, and you can get a copy within 30 days. 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. You may opt out of having your information available for sharing through Health Current. To opt out, ask your healthcare provider for the Opt Out Form. After you submit the form, your information will not be available for sharing through Health Current.

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

2. You may exclude some information from being shared. For example, if you see a doctor and you do not want that information shared with others, you can prevent it. On the Opt Out Form, fill in the name of the healthcare provider for the information that you do not want shared with others.

Caution: If that healthcare provider works for an organization (like a hospital or a group of physicians), all your information from that hospital or group of physicians may be blocked from view.

3. If you opt out today, you can change your mind at any time by completing an Opt Back In Form that you can obtain from your healthcare provider.
4. 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.

WHAT TO EXPECT AS A NEW PATIENT TO FLAGSTAFF BONE & JOINT

Flagstaff Bone & Joint Services

- **Scheduling and Front Desk (Flagstaff Office):** Phone: (928) 773-2280, Fax: (928) 773-2281
 - **Scheduling and Front Desk (Kingman Office):** Phone: (928) 692-9668, Fax: (855) 261-6164
- **Billing Department:** Phone: (928) 214-2890, Fax: (928) 773-2126
- **Physical Therapy Services:** Phone: (928) 214-2836, Fax: (928) 214-2837
- **Durable Medical Equipment:** DME is available on-site at time of visit. For specific questions regarding DME products/services, contact DME Coordinator at (928) 213-6231. For questions regarding custom upper extremity casting, please contact Ariel at (928) 214-2836.

Other Facilities Flagstaff Bone & Joint May Refer Our Patients To

- **Northern Arizona Radiology:** (928) 773-2515, 77 W. Forest Avenue, Suite 101, 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
- **Verde Valley Medical Imaging Center:** (928) 649-1260, 450 S. Willard Street, Suite 111, Cottonwood, AZ 86326
- **Little Colorado Medical Center:** (928) 289-2726, 1501 N. Williamson Avenue, Winslow, AZ 86047
- **Mountain West Imaging Center:** (928) 681-1800, 2110 Airway Avenue, Kingman, AZ 86401
- **Kingman Regional Medical Center:** Radiology: (928) 692-2727, Cardiology: (928) 681-8724,
Labs: (928) 757-0616, 3269 Stockton Hill Road, Kingman, AZ 86409

Surgery Centers

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

Labs

- **LabCorp:** (928) 774-0376, 1503 S. Yale Street, Suite 100, Flagstaff, AZ 86001
- **Sonora Quest:** (928) 774-2837, 1030 N. San Francisco St., #110, Flagstaff, AZ 86001

Prescriptions

Please allow 72 hours for the completion of all refill requests.

Please keep in mind additional time needed for weekends and holidays.

- If you need a prescription refill, please contact your pharmacy so they can fax us the request to our fax number at (928) 773-2281.
- 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.