



CALIFORNIA ORTHOPEDICS & SPINE

Patient Information and Treatment Contract

At California Orthopedics and Spine, we strive to provide the most up-to-date treatment options that will benefit you. The following document helps prevent confusion about your responsibilities in treating your medical condition. Please read the following information carefully.

FINANCIAL RESPONSIBILITY

You are responsible for all costs of your treatment. Your insurance may or may not cover all of the costs associated with the plan of care pursued by you and your physician. All copays are due at the time of service. As a courtesy to you, we will bill and collect the amount allowed by your insurance contract for your treatment. We are not responsible for insurer's inadequate payment, unreasonable payment delays, or claim denials. We do our best to make sure planned treatments are preauthorized for payments but advise, that you make sure of your insurance benefits before undergoing treatments, procedures, or surgical intervention. Please be aware that certain services are not typically covered under the scope of a routine office visit by your insurance and, as such, are billed as follows:

Forms and Letters	\$25.00 per page
Pharmacy Medication Authorizations/Appeals	\$50.00 per medication
Office Visit No-Show	\$150.00
Procedure/Surgery No-show	\$250.00
Return Check Fee	\$25.00

LATE ARRIVAL POLICY

Please be aware that if you are late to your appointment, you may be asked to reschedule your visit or you may have to wait until we can fit you in after on-time arrivals have been seen.

PHONE CALL POLICY

Our office receives a tremendous number of phone calls each day. In order to devote the appropriate care and attention to each patient in the office, our physicians and/or office staff typically return phone calls during the lunch hour or after regular business hours. The Medical Board of California discourages physicians from providing treatment information over the phone; therefore, if you are experiencing a new problem, please reschedule a return visit to discuss the issue in person. If you are having a life-threatening emergency, please call 9-1-1. In general, we are not available to discuss issues over the phone with multiple family members. If you believe you will have difficulty remembering the treatment recommendations discussed

during your office visit, please bring a family member to the visit to assist with note taking for your recollection.

MEDICATION REFILL POLICY

You are responsible for keeping track of your own medications. No prescription refills for lost medications will be issued. No routine-controlled substance prescription refills will be authorized after hours or on the weekends. Please allow 72 hours' notice for routine medication refill requests. Refill requests are most easily made by calling your pharmacy or sending a request through the Patient Portal located on our website. By signing below, you are giving California Orthopedics and Spine providers authorization to communicate verbally, electronically, or in writing to your pharmacy or other providers regarding your current medications.

I have read and agree to the above:

 Patient Signature

PAIN MEDICATION POLICY

In addition to the above Medication Refill Policy, these further guidelines apply to controlled substances: all controlled substance prescriptions must be picked up in person with a photo ID. All prescriptions for controlled substances must be filled by one medical office at one pharmacy. Evidence of obtaining a controlled substance by more than one medical office or using multiple pharmacies without prior disclosure is grounds for discontinuation of controlled substance refills. By accepting a prescription for a controlled substance, you are agreeing to random urine drug screens and any possible associated costs of these screens so that we may confirm appropriate use of the prescribed medication(s). The presence of unauthorized substances or the absence of your prescribed medications in a urine drug screen are grounds for discontinuation of medication refills. By accepting a controlled substance prescription from our offices, you grant our physicians and staff, permission to discuss aspects of your care and medications with all involved physicians, hospitals, and pharmacies as medically necessary.

By signing this document, I acknowledge that I have read, understand, and accept the policies noted above.

Print Name: _____

Date: _____

Patient Signature: _____