

## Valley Orthopedics

A Division of Integrated Medical Services

### Office Policy Effective Immediately

1. No patients under the age of 18 will be seen in our office without a written note from a legal guardian.
2. In the event a patient is unable to keep their scheduled medical appointment with their provider, a phone call must be received by our office 24 hours prior to appointment; otherwise and automatic \$25.00 administrative fee may be charged to the patient account.
3. We do not bill for co-pays. **PAYMENT IS EXPECTED ON DATE OF SERVICE.**
4. There is a \$25.00 fee for any paperwork that is to be completed by your orthopedic physician; this includes but is not limited to FMLA paperwork, disability paperwork, and physician capacity statements. Payment is required prior to completion.
5. Should a patient leave a message with our office, they can anticipate a return call within 24 hours.
6. No pain medications or routine medications will be called in by the **ON CALL PROVIDER**. Patients will have to wait until the next working day to discuss with their provider.
7. All patients are responsible for making their follow-up appointments and must arrive on time.
8. Any patient that arrives 15 minutes after their scheduled appointment may be asked to reschedule. If the patient must be seen secondary to an acute illness, he/she may have to wait to be seen by another provider after his/her case has been reviewed.
9. Walk-In patients will be seen only with the providers authorization.
10. At no time, will the medical information be shared with another individual/party unless explicitly specified by the patient. (A consent form providing authorization to release medical information must be signed.)
11. **This office is not responsible for your insurance benefits.** Should a diagnostic test and/or procedure be recommended by your provider but is **NOT** covered by your insurance, you will be responsible for **ALL CHARGES**: This also includes charges related to “weight or obesity management”.
12. If the medical provider feels that you need further diagnostic work up (xrays, etc) or refers you to a specialist, it is your responsibility to ensure that those test and/or office visits are completed.
13. **AT NO TIME** will inappropriate language be tolerated while on the premises or by phone to any of Valley Orthopedics staff.
14. If a patient misses 3 visits within a year, Valley Orthopedics reserves the right to discontinue the provider-patient relationship. A letter will be sent to the patient to notify of such.

I, \_\_\_\_\_ have read Valley Orthopedics office policy. I will have a copy only if I ask for one. I agree to follow this policy at all times.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date