



**Welcome Information**

Thank you for choosing Methodist Orthopaedic Surgical Associates (MOSA) to take care of your health care needs! We know that you have a choice in selecting your medical care and we strive to provide you with the best service possible. Here are a few of our office policies.

**Registration:** All patients must complete a patient information form before seeing their provider.

**Appointment Requirements:**

- Please bring your Driver’s License/Government- Issued ID and Insurance Card (if applicable) to your visit.
- Arrive 30 minutes prior to your scheduled appointment time.
- Assist our Physicians by bringing your Radiologist Report in addition to any MRI, CT, or scans you may have had done.

**MyChart:** You will be given a login to access our Patient Portal. This will assist you with timely access to a summary of your visit, secure messaging to email your Provider a question, and for you to update your address and contact information.

**Charges:** Full payment is due at the time services are rendered unless other payment arrangements have been made. For patients without insurance, payment is due at the time of service for both sick and well visits. Copays and balances are expected at the time of service. After 90 days, outstanding balances will be referred to a collection process. **In the event your health plan determines a service to be “non-covered”, you will be responsible for all non-covered and allowable charges.** Delays in insurance processing occur when insurance information is not provided in a timely manner. Such delays may also result in insurance not covering care. Whenever insurance denies payment for a service, it is your responsibility to cover the charges, therefore, it is important to review your benefits with your insurance provider.

**FMLA/ Paperwork:**

Any patient that needs paperwork completed by Methodist Medical Group/Methodist Orthopaedic Surgical Associates (MOSA) may be assessed a processing fee. This must be paid in full before the paperwork can be picked up or faxed. Please inquire with our staff regarding specific fees prior to submission of your form(s).

**NSF/ Closed Accounts:** There will be a \$35.00 charge added for returned checks.

**Medical Records Request:** There is a \$25.00 fee for medical records up to 25 pages. Additional pages are \$0.50 per page. All Medical Records are processed by HealthMark and take seven business days to process.

**Appointments/ No Show:** We request 24-hour notice for appointment cancellations. Patients with three (3) missed appointments and/ or no shows annually will result in dismissal from the practice. If you no show to your appointment you may be charged \$25.00. These charges are not payable by your insurance company. You will be required to pay this charge before your next scheduled visit.

**Insurance:** Insurance cards must be available prior to each visit. Please notify our office if there is a change in your insurance plans or coverage. We file claims as a courtesy to our patients and are only responsible for filing claims to the contracted insurance company for the member. Any dispute for unpaid charges from the insurance company will be billed to the member. Please be advised that we are a part of Methodist Medical Group, therefore any statements will be sent to you by Methodist Medical Group. All patients must have a valid insurance ID card in order to utilize benefits.

**Medication Refills:** All prescription refill requests should be called into your pharmacy at least five (5) working days before the last pill taken to allow adequate time for approval. Refills will only be handled during normal business hours, Monday through Friday. Narcotic prescriptions will not be refilled after office hours or on weekends.

**Referrals:** Allow 5 to 7 working days to process routine referrals.

**Behavior:** Physical and verbal abuse towards the office staff or other patients will not be tolerated. This includes disruptions affecting daily operations within the office as well as offensive behavior on the telephone with office personnel. Abusive behavior towards personnel will result in immediate dismissal from the practice.

**After Hours:** Our phone message will direct patients to our answering service for urgent needs after hours. The answering service will notify the physician on call.

**Feedback:** We appreciate all feedback provided. You will be receiving a patient satisfaction survey from Press Ganey. Please take time to complete this and let us know how we are doing.

*Thank you for your understanding and agreeing to our Office Policies. We are committed to be an involved member of your Health Care Team working together for your health!*

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Relationship to Patient, if not signed by the Patient

\_\_\_\_\_  
Date