

## **NON-SURGICAL ORTHOPAEDICS, P.C.**

Welcome to Non-Surgical Orthopaedics, P.C. where we pride ourselves on excellent medical care and outstanding customer service. Our emphasis on patient education, customer satisfaction, personalized treatment, state of the art techniques, and the latest diagnostic tests and specialized procedures underscores our goal to make you feel better as quickly as possible.

Orthopaedic injuries are very common, and *almost always* respond to a combination of non-surgical treatments. Arnold J. Weil, M.D. founded the practice in 1993, specializing in the non-surgical treatment of orthopaedic injuries and spine care. Focusing on Non-Surgical Orthopaedics and Pain Management, Anthony Grasso, M.D. also treat patients in our Marietta location as well as our facilities in Carrollton and Canton, GA.

Our physicians welcome you to our practice and appreciate your feedback. We boast the most courteous, efficient, and knowledgeable office staff in the area. We strive to see patients within 24 hours and attempt to minimize the waiting time in the reception area. We pledge to do our best to give you thorough and professional medical care.

Due to the many patients that we see in our office, we have established protocols and guidelines for a variety of issues ranging from medical records, medication refills and financial and payment policies. We hope you are pleased with your visit. Please offer any suggestions or let us know how we may help you. Should you have any questions, please keep the following numbers available:

Appointments	770-421-1420
Scheduling procedures and tests	770-420-4654
Medication refills and medical questions	via patient portal
Billing and insurance	770-420-4647
Medical Records	678-888-4827
Practice Administrator	770-420-4646
Procedure Center	770-421-1420
Website	<a href="http://www.lowbackpain.com">www.lowbackpain.com</a>

Thank you for choosing our practice. We look forward to improving your health.

Arnold J. Weil, M.D. Anthony R. Grasso, M.D.

*Non-Surgical Orthopaedics, P.C.*

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## ABOUT OUR PRACTICE

Non-Surgical Orthopaedics, P.C., specializes in non-surgical orthopaedic care and pain management for back pain and other musculoskeletal injuries. Our focus is on non-surgical management of sports and work related injuries, including orthopaedic problems such as back and neck pain, herniated discs, carpal tunnel syndrome, tendonitis, repetitive motion injuries and Pain Management.

Our services include comprehensive medical and orthopaedic evaluations, disability evaluations, IME's and individual rehabilitation programs for those patients needing physical and rehabilitative therapy. We also perform the following:

- Cervical, thoracic, and lumbar epidural steroid injections
- Transformational selective nerve root injections
- Cervical, thoracic, and lumbar facet injections
- Cervical and lumbar Radiofrequency (RF) lesioning
- Lumbar sympathetic nerve blocks
- Lumbar and thoracic discography
- Joint and trigger point injections
- Prolotherapy and PRP (Platelet Rich Plasma) Injections
- IntraDiscal ElectroThermal Therapy (IDET)
- Percutaneous Lumbar Disc Decompression
- Spinal Cord Stimulation for chronic pain
- Medical Acupuncture
- Botox Injections
- Amniotic stem cell injections
- Adipose - derived stem cell injections
- Bone marrow stem cell injections

Our emphasis is on injury prevention and rehabilitation, with the ultimate goal being to return our patients back to their pre-injury levels. Our physicians are board certified by the American Board of Physical Medicine and Rehabilitation, and diplomats and fellows of the American Academy of Physical Medicine and Rehabilitation. In addition, they have also maintained membership in the American Association of Disability Evaluating Physicians, American College of Physician Executives, American Association of Orthopaedic Medicine, North American Spine Society, International Spinal Injection Society, Medical Association of Georgia, and the American Academy of Pain Medicine.

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## **SCHEDULING APPOINTMENTS**

It is our philosophy to schedule new non-emergency appointments within 24 hours when possible. In addition, we try to accommodate patients on an emergency or call-in basis. Our efficiency and ability to accommodate patients within 24-48 hours can only be achieved with the cooperation of our patients. For this reason, we ask that you please notify us at least 24 hours in advance if you will be unable to keep an appointment. We understand that emergencies can arise, and we always appreciate a call in advance to reschedule your appointment. We reserve the right, however, to bill for any missed appointments when our office is not notified 24 hours in advance and a **\$45.00 NO-SHOW FEE** may be assessed for established patients, or **\$110.00 for patients scheduled for EMG/NCS testing. For procedures at the Center for Spine Procedures, P.C. a \$220.00 fee for no-shows or cancellations within 24 hours may also be assessed. In addition, if you fail to cease taking certain medication(s) as directed by our providers and / or medical staff prior to your procedure and your procedure has to be canceled, you will be assessed a \$220.00 cancellation fee.**

THERE MAY BE A **\$45.00 LATE ARRIVAL FEE** CHARGED TO ANYONE WHO IS MORE THAN 15 MINUTES LATE TO THEIR APPOINTMENT. THIS FEE WILL BE DUE AT THE TIME OF SERVICE. IN ADDITION YOU MAY HAVE TO BE WORKED BACK INTO THE SCHEDULE AND / OR YOUR APPOINTMENT MAY HAVE TO BE RESCHEDULED TO ANOTHER DAY.

## **FINANCIAL AND PAYMENT POLICY**

Our physicians are on most commercial insurance plans, PPOs, HMOs and other provider networks. We make every attempt to verify all insurance coverage prior to the first visit and to obtain authorization for any procedures and/or diagnostic tests. We will also attempt to obtain referrals from your referring physician, if necessitated by your insurance plan. The patient is, however, ultimately responsible for his / her medical care. If you are on a managed care plan in which we participate, **then you will be responsible for paying your co-payment, percentage, or portion of your medical deductible at the time of service.** In addition, if a procedure or a diagnostic test is scheduled, our policy is that you pay your percentage at the time of scheduling.

**You are responsible for obtaining any necessary referrals from your primary care or referring physician.** If you are seen by one of our physicians without an appropriate referral, you will be financially responsible for the amount of the visit if the visit is not covered or not paid by your insurance company for any reason, including lack of referral.

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Our fees are generally considered to fall within the acceptable range by most insurance companies and are therefore covered as the maximum allowable, as determined by each carrier. Some insurance companies utilize an arbitrary schedule of what they consider to be "UCR" (usual, customary and reasonable). This bears no relationship with the current standard of cost of care in this area. Please understand that we have an agreement with you and not with your insurance company. We routinely make an effort to appeal any charges not covered, denied for experimental / investigational, deemed not medically necessary or denied as not covered under our contract; however, **any charges not covered for any of the reasons listed above by your insurance company will be your financial responsibility.** Any claims not paid in a timely manner by your insurance company, regardless of any appeal or pending status will also be your responsibility, and payment will be expected from you.

When a procedure or a diagnostic test is performed by one of our physicians, we will discuss the medical indications for the procedure with you beforehand. We always attempt to contact your insurance company to obtain pre-certification prior to a procedure or a diagnostic test and similar to our policy regarding office visits, our billing office will routinely appeal any claims denied by your insurance company. **Any charges not covered, denied for experimental / investigational, deemed not medically necessary or denied as not covered under our contract by an insurance company will remain your financial responsibility.** Any claims not paid in a timely manner by your insurance company, regardless of any appeal or pending status will also be your responsibility, and payment will be expected from you.

**We accept cash, and most major credit cards. Interest on unpaid balances will accrue at 16% annually. If your account is placed with a collection agency, your outstanding charges, plus interest, our customary medical records charges, Collection Fees in the amount of \$105.00 and any incurred attorney fees will also be added. Any outstanding balances may be charged to a credit card on file prior to placement with a collections agency.**

As a courtesy to our patients, we will file your primary insurance for you; however, payment is still due at the time of service. Workers' Compensation coverage will be verified; however, this does not guarantee payment. In the event of a denial, your account and its balance will become your responsibility.

We are Medicare providers and will file your secondary insurance. If there is not a supplement policy to your Medicare, you will be responsible for your 20% co-payment at the time of service along with any unsatisfied deductible amount.

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Special arrangements for payment will be made on a case-by-case basis, and payment plans may be established. Please address any questions about our financial and payment policies with the Billing Department.

CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE. IF YOU ARE UNABLE TO PAY YOUR COPAY TODAY, YOU MAY NEED TO RE-SCHEDULE YOUR APPOINTMENT.

**ANY RETURNED PAYMENTS WILL BE ASSESSED A \$60.00 SERVICE CHARGE.** CHECKS ARE NOT ACCEPTED, ONLY CASH OR CREDIT CARDS.

THERE WILL BE A **\$45.00 NO SHOW FEE** ADDED TO YOUR ACCOUNT IF YOU MISS YOUR APPOINTMENT.

THERE WILL BE A **\$35.00 WALK IN FEE** CHARGED TO ANYONE WHO WALKS IN FOR AN APPOINTMENT WITHOUT A SCHEDULED APPOINTMENT. THIS FEE WILL BE DUE AT THE TIME OF SERVICE.

THERE WILL BE A **\$45.00 CANCELLATION FEE** IF YOU CANCEL YOUR OFFICE APPOINTMENT WITH LESS THAN 24 HOURS NOTICE.

THERE WILL BE A **\$30.00 STATEMENT FEE** IF YOU REQUIRE A PAPER STATEMENT IN LIEU OF AN E-STATEMENT.

THERE WILL BE A **\$220.00 FEE** IF YOU DO NOT SHOW UP FOR A SCHEDULED PROCEDURE.

### **MEDICAL RECORDS POLICY**

Due to the volume of requests for medical records and other paperwork, we have established a policy to expedite the availability of medical records to patients, attorneys and other third parties. The medical records include dictated notes by the physician as well as x-rays. Medical records are the property of **Non-Surgical Orthopaedics, P.C.** Copies of these records may be made available to you on a written per-request basis. There may be a fee for the production, duplication and notarization of medical records. The normal turnaround time for the copying and production of records is 2-4 weeks. Any disability forms, prescription pre-authorization, handicap or parking permits or other paperwork / forms may be subject to a processing fee, with a completion time of up to 2-4 weeks.

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## X-RAY POLICY

X-rays are a part of your medical file, and we are legally obligated to keep all original x-rays on file for a period of seven years. We will make copies of your x-rays available to you, and these copies of your digital x-rays can be provided on a **CD for a fee of \$30.00.**

## REFUNDS

Our doctors are on over 50 managed care and insurance plans. The deductibles, co-payments and allowable fee schedules of these plans may vary. We have developed a record of the allowable charges for most insurance companies. Sometimes the insurance company will overpay or provide us with inaccurate information, and this may result in a credit balance on your account. Although this is rare, it may happen and in the event, you will be refunded any amount due upon payment of all outstanding claims. We strive to reconcile all unbalanced accounts in a timely manner.

## PHYSICIAN CALLS AND MEDICATION REFILLS

Medications will be refilled thru our patient portal between 10 am - 3 pm only. Any requests after 3 p.m. will be addressed the following day, except in emergency situations. Medications **will not** be refilled after hours or on weekends. We typically receive over 100 requests per day for medication refills and request that you check the patient portal for the status. Any additional requests after may only delay your prescription refill to the following day. Any forms requiring completion for insurance **“prior approval or pre-authorization” for prescriptions will be subject to a \$45.00 fee** that must be pre-paid.

We reserve the right to decline to refill medications under the following circumstances:

- Medications are lost or stolen
- Missed or cancelled appointment
- Patient not seen within the last four weeks

We appreciate the opportunity to help you, and thank-you for abiding by our prescription policy.

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## THE CENTER FOR SPINE PROCEDURES, P.C.

### FINANCIAL PAYMENT POLICY

Welcome to The Center for Spine Procedures, P.C. Our facility accepts most commercial insurance plans, (i.e., PPO's, HMO's) and other provider networks. Due to the complexity of insurance coverage today, it is impossible to obtain payment for services without having the full cooperation of the patient. We are experts in Orthopaedic care, not insurance. **We will help you if we can with this process;**

**however, it is ultimately your responsibility to know your insurance policy coverage and in-network and out-of-network responsibilities.**

If you are on a managed care plan in which we participate, then **you are responsible for paying your co-payment, percentage, or portion of your medical deductible at the time of service.** As a courtesy, if a procedure is scheduled, we will give you an estimated amount for the facility fee and professional component at the time of scheduling.

If you are **not** on a managed care plan in which we participate, then **you are responsible for paying the difference between our charges and what your insurance company paid, in addition to paying your co-payment, percentage, or portion of your medical deductible at the time of service.**

Our fees are generally considered to fall within the acceptable range by most insurance companies and are therefore covered as a maximum allowable, as determined by each carrier. Some insurance companies utilize an arbitrary schedule of what they consider to be "UCR" (usual, customary and reasonable). Please understand that we have an agreement with you and not with your insurance company. We routinely make an effort to appeal any charges not covered, denied for experimental / investigational, deemed not medically necessary or denied as not covered under our contract; however, **any charges not covered for any of the reasons listed above by your insurance company will be your financial responsibility.**

THERE WILL BE A **\$35.00 ADMINISTRATIVE FEE** ADDED IF YOU FAIL TO BRING YOUR COMPLETED CONSENT PACKET WITH YOU TO THE SURGICAL CENTER FOR YOUR OUTPATIENT PROCEDURE.

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## Our Legal Duty under HIPAA

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) we are required to maintain the privacy of your protected health information. In accordance with these state and federal laws, we are required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. This notice describes how your personal medical information may be used and disclosed, and how you can get access to this information. Please review it carefully.

### **Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care service to you, to pay your health care bills, to support the operation of the physician’s practice, and any other use required by law.

#### 1. Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician or other medical facility to which you have been referred to insure that the physician or facility has the necessary information to diagnose or treat you.

#### 2. Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for an out patient procedure may require that your relevant protected health information be disclosed to the health plan to obtain approval for the procedure.

#### 3. Healthcare Operations

We may use or disclose, as needed, your protected health information in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical residents, licensing, and conducting or arranging for other business activities. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law



Enforcement: Coroner, Funeral Directors and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures will be made only with your written consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Your Rights**

The following is a statement of your rights regarding your protected health information.

1. You have the right to inspect and copy your protected health information.  
Under Federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.
2. You have the right to request a restriction of your protected health information.  
This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friend who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restrictions to apply.

Your physician is not required to agree to a restriction that you may request. If a physician believes it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

3. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

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You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

4. You may have the right to have your physician amend your protected health information.

**If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide with a copy of any such rebuttal.**

5. You have the right to receive an accounting of certain disclosures we have made, of any of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw your authorization as provided in this notice.

6. Complaints

You may complain to the Secretary of Health and Human Services or us if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person by phone at our main number. Contact numbers for the above are available on display in our office.

### **NON-SMOKING POLICY**

Non-Surgical Orthopaedics, P.C. is a non-smoking facility. In our efforts to guarantee that employees, patients and guests are not subjected to second hand smoke, smoking is not permitted on the premises. Please be respectful of others. We appreciate your compliance with this policy.

### **WEAPONS PROHIBITED**

Weapons (with or without a permit to carry) of any form are prohibited in the office and surgical center. The definition of a weapon is something that is used for fighting or attacking someone. This includes but is not limited to guns, knives, clubs, tools and bombs. Your examination will be delayed and or possibly cancelled if a weapon is found or detected. If you travel with a weapon, we ask that you please leave it in your vehicle.



## OFFICE LOCATIONS

MARIETTA  
335 Roselane St. N.W.  
Marietta, Georgia 30060  
770-421-1420  
Fax 770-421-8055

CARROLLTON  
418 Bradley Street  
Carrollton, GA 30117  
770-421-1420  
Fax 770-421-8055

CANTON  
2000 Village Professional Bldg., Suite 300  
Canton, GA 30114  
770-421-1420  
Fax 770-421-8055

We are pleased that you have chosen us for your medical care and we look forward to an enjoyable relationship with you. We are proud of our professional demeanor, compassion, attention to detail, efficiency, and customer service. We try to do whatever it takes to provide outstanding medical care and personalized customer service. Please give us feedback to let us know how we are doing. We look forward to working with you.

Sincerely,

Arnold J. Weil, M.D.  
Anthony R. Grasso, M.D.

*Non-Surgical Orthopaedics, P.C.*