

JOHN F. PERRY, MD

Orthopedic Surgery and Sports Medicine

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Welcome...

Our goal is to provide our patients with the best possible orthopedic care. In order to achieve this it is important that you understand our current office and financial policies. The following information will provide you with an overview of our office policies and procedures. Please read it carefully. If you have any questions, do not hesitate to ask a member of our staff.

NEW PATIENTS – If you are a new patient to our practice, please arrive 10 minutes prior to your scheduled appointment. This will allow time for checking in and new patient paperwork to be completed. Please make sure to bring with you the following: insurance cards, driver's license or photo ID card, referral for your visit (if applicable), and any x-ray or MRI disks for the problem we will be evaluating. Please bring the above items to check in at the front window. Photo ID and insurance cards must be presented at each appointment.

PATIENTS WITH INSURANCE – This does not include patients with worker's compensation insurance, unless your claim has been denied, or you have not supplied us with the appropriate information.

Some insurance plans require a referral for you to be seen by a specialist; this must be obtained from your primary care physician. Patients are responsible for making sure a referral is in place before services are received. Please contact our office at 610-286-1660 with any questions.

We participate with many insurance plans. We will bill most group insurance carriers on your behalf if the proper paperwork and/or identification cards are provided to us. We will also bill most secondary carrier for you.

All co-payments are due and collected at the time of service. **Methods of payment accepted are cash and check only.** Deductibles and coinsurance are your responsibility and will be billed to you by our office. Any balances not covered by insurance become the responsibility of the patient.

You, as the responsible party, must furnish our office with up-to-date insurance information. Please make sure to bring your insurance cards with you to all office visits. If your insurance has changed since your last visit with us, please notify our front office staff so that we may bill the appropriate insurance carrier for your visit. Failure to notify our office of insurance changes may result in the office visit or surgery being cancelled or the patient being held responsible for any remaining balance.

Keep in mind that your insurance plan is a contract between you and your insurance carrier. This contract usually requires a shared responsibility between the insurer and the patient in payment for our services. While we will act on your behalf to obtain payment for our services, once we have exhausted all efforts, the patient is responsible for the balance due.

If you are insured under a plan that we do not participate with and you choose to receive care from us, you are responsible for payment of services rendered at time of visit.

REFERRALS – If your insurance plan requires a written referral from your PCP for you to see a specialist, the referral must be obtained by the patient and be present at the time of the visit. If a referral from your PCP is not present at the time of the visit, the visit will be rescheduled to allow time to contact your PCP and arrange for a referral.

SECONDARY INSURANCES – We will submit insurance claims to your secondary insurance. Balances unpaid by your insurance become the responsibility of the patient.

MEDICARE PATIENTS – We will bill Medicare and secondary carrier on your behalf. All co-payments for Medicare HMO patients are due and payable at the time of service.

MINOR PATIENTS – A parent or legal guardian **must** accompany a minor patient in order for treatment to be rendered. We require a copy of the parent/legal guardian's valid identification and insurance card.

FEES AND PAYMENTS – Please be aware that your insurance company will pay only for services they regard as "reasonable and necessary" according to the guidelines of your particular policy. You will be responsible for payment of any non-covered service in full,

including any non-covered durable medical equipment (i.e., braces, crutches, walkers, cast shoes, arm slings, ace wraps, casting materials, etc.)

Outstanding balances are due within 30 days unless prior arrangements have been made with our office. Patients with an outstanding balance more than 90 days overdue must make arrangements for payment prior to scheduling appointments.

If special circumstances or payment arrangements are needed, please make prior arrangements with a member of our staff. Please be advised that we do charge a \$25 NSF fee for all returned checks.

SELF-PAY POLICY – Patients without insurance coverage who wish to receive care with us must establish a payment plan with our office staff prior to receiving services.

APPOINTMENTS – We value the time we have set aside to see and treat you. If you are not able to keep an appointment, we would appreciate 24-hour notice. *We reserve the right to charge a fee of \$20 for missed appointments or appointments that are not canceled at least 24 hours in advance.*

If you are late for your appointment (more than 15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.

PRACTICE HOURS – Our hours of operation are from 9:00 a.m. to 4:00 p.m. Monday through Thursday. Occasionally, an emergency may arise and will cause scheduling problems or delays. We ask for your understanding, and we will reschedule you to the earliest available appointment with Dr. Perry.

TELEPHONE CALLS – Any patient with a problem is encouraged to call us anytime day or night. The office staff has been trained to answer many questions and/or the staff will relay information to the doctor. We will return all calls at our earliest convenience.

PRESCRIPTIONS – Requests for prescription refills will only be handled during office hours. All refills require 24-hour's notice. Be prepared to provide your pharmacy name and telephone number in order for requests to be processed. Requests for narcotic medications cannot be called into a pharmacy and must be picked up by the patient. It is our policy to not renew medications, even for chronic ailments, if the patient has not been evaluated within the last 6 months.

RELEASE OF MEDICAL INFORMATION – Your medical records are kept strictly confidential. Before we can release any records, you must sign an authorization form. A copying and retrieval fee will be charged for the preparation of medical records for attorneys and insurance companies. Our office requires 72-hour notice to prepare copies of medical records.

TRANSFER OF RECORDS – Upon written request, we will provide another medical professional with a copy of those records needed to diagnose and treat you (i.e., office notes, diagnostic reports, and hospitalization records). A \$5.00 prepayment fee may be charged based on the volume of records to be sent.

DIAGNOSTIC TESTING – If you are scheduled for a diagnostic test (MRI, CT scan, x-ray, nuclear medicine scan or arthrogram), you will need to take your script with you. When necessary, please make arrangements with the providing facility to pick up the written report and the actual films and bring them with you to your follow-up appointment.

FORMS – Our office will need 3 to 5 business days to complete forms. The fee for completion of each form is \$5 and must be paid in advance or at the time you receive your completed form. If you request us to mail or fax the completed form directly to the recipient, you will be required to pay the \$5 fee when you drop the form off at our office.

Thank you for your cooperation in allowing our office policies and procedures. We look forward to assisting in your orthopedic needs.

My signature below indicates my full understanding and consent to the above described policies. Additionally, I also authorize the release of any medical information necessary to process this claim. I assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, private insurance, and any other health plans, to the office of John F. Perry, MD. This assignment will remain in effect until revoked by me in writing. I understand I am financially responsible for all charges whether or not paid by my insurance carrier.

Print Name of Patient

Date

Signature of Patient (or Parent/Legal Guardian if Minor)

Relationship to Patient