

**Santa Cruz Orthopaedic Institute
a Medical Corporation**

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PLEASE READ THIS MESSAGE AS IT EXPLAINS OUR OFFICE POLICIES

Our goal is to provide *all* our patients with the highest level of care and satisfaction. **Please take the time to fill our Patient Data Forms** out completely. Any information left blank, will result in a less than productive visit. Diagnostic testing or films taken prior to your visit or by another physician or facility should be provided before your appointment or hand delivered. This assists our doctors in your diagnosis and treatment plan. Insurance information must be completed on our Form and a copy of the front and back of your insurance card is required. *If you have insurance, but fail to bring your card with you at the time of the visit, you will have 24hrs to provide us with a copy either in person or by facsimile. If a card is not received within 24hrs, you will receive a statement in the mail.* If the subscriber is someone other than yourself, HIPAA rules require we obtain the name, date of birth and social security number of the insured. Missing information may result in a delay in the submission of claims and possible denial of the claim by your insurance company. **You will be liable for payment** of the claim and filing for reimbursement with your insurance carrier as we will only bill once.

There is a 48 hour requirement for cancellation of appointments and a \$50.00 fee will be charged for any missed appointment.

PRESCRIPTION REFILLS: All prescription refills must be faxed to our office by your pharmacy and you must allow 72 hours for processing refills. *THE DOCTORS ARE NOT IN THE OFFICE DAILY AND THEY MUST AUTHORIZE ALL PRESCRIPTION REFILLS. PLEASE DO NOT WAIT UNTIL YOU ARE OUT OF YOUR MEDICATION TO CALL YOUR PHARMACY. REQUESTS SUBMITTED OF FRIDAYS WILL NOT BE REFILLED UNTIL THE FOLLOWING MONDAY.*

FORMS – It will take no more than **2 weeks** for the processing of ANY forms. We will make every attempt to complete them sooner; however, the filling out of forms is a time consuming and extremely labor-intensive process, and we are limited to non-clinical days to complete them. A fee of \$5.00 per page (not to exceed \$40.00) is due and payable at the time forms are submitted. If the \$40.00 maximum is met during the process of your care, the fee is \$5.00 per form of any form submitted for completion. If you require the forms to be mailed to anyone other than the intended recipient (employer, etc.) HIPAA standards require that you complete an Authorization Form for **EACH** third-party (you may see our receptionist or go to our website to obtain a copy of this form).

FILM REQUESTS - Requests for Xrays, MRIs, CT Scans or other radiographic films require a must be made a **minimum** of 48 hours prior to your need for films. Calls requesting films on the same day cannot be processed. Please make plans for your requests accordingly. **Requests for copies of Xrays require 2 weeks notice and charges will apply.**

REQUESTS FOR MEDICAL RECORDS: ALL of our Medical Records are stored electronically and must be reviewed by the physician before release. This takes a fair amount of time. Please allow a minimum of 2 weeks for processing. There is a .20 per page charge and an administrative fee for processing as allowed by the State of California. You will be notified in advance of the total charges. Payment is due prior to medical records being released. We are unable to process on the same day so plan accordingly.

Thank you for your cooperation.