Mountain View Orthopaedics

mtviewortho.com

Office Policies

Effective April 1, 2016

No Show Visits
If you cannot keep a scheduled appointment you must notify our office at least 24 hours in advance. ALL no-show appoints without notice will be billed a $50.00 fee.

Prescription Refills
(1) Prescription refills must be requested through our Online Patient Portal. (2) Requests will be reviewed each business day. Please be aware this may result in a 1- to 3-day delay for request fulfillment.

Form Fee/Medical Record Requests
Patients will be advised regarding the amount to be paid for having form(s) or medical record requests completed. There will be a $3.00 fax fee for medical record requests faxed to another health care provider or attorney. There is a 7-10 business day turnaround timeframe for each form and medical record request.

Copays
Insurance required co-pays must be collected at appointment check-in. An exception to this policy is at the discretion of the doctor and may result in a rescheduled appointment.

Worker's Compensation and Auto Insurance
Injuries resulting from an accident the patient is responsible to provide our office information about the work comp/auto insurance carrier as well as any other insurance the patient may have. Failure to do so may result in a reschedule/cancel of your appointment. If the patient's other insurance requires a referral, it is the patient's responsibility to obtain that referral from their primary care provider before the scheduled visit to avoid a reschedule/cancellation of the appointment. In the event that Worker's Compensation/Auto denies the claim, the other insurance will be billed. Please be aware that this office does a case by case review of patients with an attorney involved or who are in active litigation before an appointment will be scheduled.

Payment
All co-payments, payment on account balances and nurse case manager payments are expected upon check-in to the office. All returned check payments will be result in an $30.00 fee charged to the patient in addition to the unpaid check amount. Returned checks patients will then be required to pay for future visits using only cash, credit card or Health Savings Account cards. Any account that is send to collections for any reason will result in that patient being discharged from the practice. An additional $25.00 fee will be assessed for an account sent to a collection agency.

Payment Plans
This office does offer multiple payment plans to assist patients meet their financial responsibility to this office. Our payment plan options can be found for review as a separate office document. Any patient placed on a payment plan, managed by this office directly, and misses one month payment may be dismissed from the practice. All explanations, provided by our patient, for a missed payment will be reviewed and determinations will be made on an individual basis.

X-ray and Lab Work
All related X-rays and lab work done prior to your appointment, films/discs and any lab results, should be brought with you to your appointment. Failure to supply this information may result in appoint reschedule/cancel at the discretion of the doctor. The results of any testing ordered by our office should be considered normal unless you are contacted by our office staff stating otherwise.

Separate Appointments
Separate appoints must be scheduled for separate injuries/problems. If you ask for a second problem to be looked at during a scheduled visit you will be asked to schedule a separate appoint for the second problem.

Privacy Practices: Please see our separate document listing our complete Notice of Privacy Practices.

There are absolutely no exceptions to the above office policies!

Acknowledgement of Office Policies

Patient's Signature: _____ Date (MM / DD / YYYY): ___ / ___ / ___

Witness Name: _____

Witness Signature: _____ Date (MM / DD / YYYY): ___ / ___ / ___