



**PLEASE READ ALL INFORMATION BELOW PRIOR TO YOUR FIRST APPOINTMENT. YOU WILL BE ASKED TO ELECTRONICALLY SIGN AN ACKNOWLEDGMENT OF THESE POLICIES. YOU DO NOT NEED TO BRING THESE POLICIES TO THE APPOINTMENT.**

**About Us:**

Northeastern Rehabilitation Associates, PC (NERA) consists of a group of physicians all Board Certified in Physical Medicine and Rehabilitation. Physician Assistants and Nurse Practitioners work in conjunction with our physicians as part of your care.

NERA offers comprehensive non-surgical treatment of back and neck pain. Our physicians and providers specialize in the diagnosis and treatment of: 1. painful conditions of the spine, muscles and joints; 2. complicated musculoskeletal problems; 3. peripheral nerve injuries; 4. disabling injuries of the brain and spinal cord; or 5. treat acute and chronic sports injuries.

**For Your First Appointment:**

**Please complete the New Patient Information Packet and bring with you to your first appointment.** Please bring any/all X-rays, MRIs, and Medical Records that may pertain to your current problem/injury.

**Health Insurance Cards and Identification:**

You must bring your current health information card and photo identification to each visit. If your visit will be billed under Worker's Compensation or Motor Vehicle Insurance, you must also bring your health insurance cards for secondary billing purposes.

**Medical Records and Forms:**

To request a copy of your medical records, for another health care provider, you will need to complete a Medical Record Release form, provided in our office. To obtain records for your personal use, please contact our office to obtain fee information. All balances should be paid before records are transferred. There is a \$20 Form Fee for all forms filled out by the physicians. Completion of forms takes 7-10 business days. Forms must be picked up at the office; they cannot be faxed or mailed.

**Communicating with Clinical Staff:**

Our Medical Assistant's phone triage hours are from 9:00AM-4:00PM, Monday through Friday. Please understand they are assisting patients and providers throughout the day and may not be able to speak with you directly at the time of your call. Please leave detailed information and you will receive a call back before the end of the business day.

**Request for medication refills:**

- Please leave a detailed message regarding your refill on our prescription line.
- Please review the enclosed form containing details on prescription medications, refills, urine screenings, etc. A member of our clinical staff will review this with you at your first visit. Please note all patients of NERA will be asked to read and sign this medication agreement before any prescriptions will be given.

**Miscellaneous:**

1. Service Animals:  
While we welcome service animals for persons with disabilities, no other animals are allowed in the offices.
  
2. Weapons and Firearms:  
Weapons of any type and firearms are prohibited within NERA offices, regardless of whether the person is licensed to carry a firearm.

## **AUTHORIZATION FORMS:**

When you arrive for your appointment, you will be asked to electronically sign that you have reviewed and understand our policies. The policies include: **1. Patient Authorization Policy; 2. Financial Policy; 3. Appointment Policy; and 4. HIPAA Privacy Policy.** All policies are defined below.

### **1. PATIENT AUTHORIZATION POLICY:**

#### **I Authorize/Agree:**

- The release of any of my medical records to NERA when additional information is needed for my treatment.
- NERA to release my medical information to any other physician or provider to whom I am being referred to for treatment.
- The release of my medical information to my insurance carrier should they need additional information to process and pay for any medical services I receive.
- Payment of my medical benefits to the above stated physician or provider for services rendered to me.
- To accept financial responsibility for any services not covered by my insurance or any other third party payer.

#### **Medicare Patients:**

I request that payment of authorized Medicare benefits be made either to me or on my behalf to NERA for any services furnished me by physician or supplier. I authorize any holder of medical information about me to release to the Centers for Medicare Services and its agents any information needed to determine these benefits or the benefits payable for related services.

#### **Worker's Compensation / Auto Insurance Patients:**

Worker's Compensation or Auto Insurance may deny your claim under some circumstances. We routinely ask our patients to provide us with their Secondary Insurance information, as well as a referral for that insurance from their Primary Care Physician, if required. If claim is denied, you must assume responsibility for payment of your bill.

#### **Act 66 of 1988:**

Act 66 of 1988 requires us to notify you that your NERA physician may refer you for a medical service, product or device to a facility or business in which he or she has a financial interest. If this occurs, you will always have the freedom to choose an alternate provider or place of service. Dr. Naftulin, Dr. Chun & Dr. Mozeleski have a financial interest in the Northeast Surgery Center. Dr. Naftulin has a financial interest in the Center for Specialized Surgery. All partners of NERA have a financial interest in TLC Physical Therapy, TLC Medical Fitness, Healing Arts Center, NE Rehabilitation Chiropractic Center, Armour Pharmaceuticals, and Rapid Care.

### **2. FINANCIAL POLICY:**

#### **Insurance Information:**

- You are responsible to notify us of your insurance and to provide the necessary information about your insurance plan, therefore please have your current insurance card with you at all times. Please notify us at the time of check-in of any changes in insurance, address, phone numbers, etc.
- Please remember insurance coverage is a contract between you and your insurance company. The ultimate responsibility for understanding your insurance benefits and for payment to your doctor rests with you. While you may have insurance coverage to pay your medical bills, you are ultimately responsible for all charges. Not all services are covered in all insurance contracts. If your insurance plan does not cover a service or procedure, you are responsible for payment of these charges.
- To find out what your insurance plan covers and what your financial obligation may be, call the Customer Service or Member Services department of your insurance company (the phone numbers are on your insurance card) prior to your appointment. Make sure that both your physician and the place of service (Hospital, Ambulatory Surgery Center) where services may be performed are listed as a participating provider by your insurance company. It is possible that only the physician or the Hospital/Surgery Center participates with your insurance plan.

**Referrals:**

- Referrals are the patient's responsibility. If your insurance requires a referral for your visit and there is not one in place, you will be responsible for payment at time of service or your visit will be rescheduled.
- Referrals typically have an expiration date and a limited number of visits. You should be careful to monitor dates and visits.

**Payment Information:**

- Payment for service is due at time of service. All co-payments are due at time of service. If you are not prepared to pay your co-pay on the date of service, your appointment will be rescheduled. We accept cash, checks, Master Card, Visa and Discover.
- Returned Check Fee - Your account will be charged a \$25 fee for each returned check. In addition, you will be asked to bring cash to our office or mail a Cashier's check to cover the returned check and the fee.
- Past Due Accounts - Patients who have not made an effort to make payment arrangements may be turned over to a collection agency. Patients who have allowed their account to be turned over to a collection agency will be expected to satisfy their financial obligation to us before returning to see our physicians.
- Our Billing Department is available to discuss any questions you may have regarding your account at 877-842-7164 Opt # 8, Monday through Friday 9:00 AM- 4:30 PM.

**3. APPOINTMENT POLICY**

This policy has been established to help us serve you better. Our goal is to provide quality, individualized medical care in a timely manner. Patients are seen by appointment only and we do not double-book appointments. We respect and value your time and strive to stay on schedule. It may seem that you are waiting a long time or that patients who arrive after you are being taken first. Please understand that we may have several providers treating patients in an office on any given day. We do strive to provide excellent care for each patient and this can lead to delays in your scheduled appointment. Each patient will be treated with the same level of attention and compassion as the complex or emergency patient that may have required additional time. We do apologize if you experience a delay in your scheduled appointment.

**Arrival Time vs. Appointment Time:**

There are several forms and insurance documents which need to be completed at each visit. Routine forms also need to be updated at least annually, sometimes more often. To make the check in process as efficient as possible we ask that you adhere to the following arrival times:

- New patients: Arrive **30 minutes prior** to the scheduled appointment time.
- If scheduled for an EMG: Arrive **30 minutes prior** to the scheduled appointment time.
- Returning patients: Arrive **15 minutes prior** to scheduled appointment time.

**Late for an Appointment:**

Arriving late for an appointment causes several issues for both patients and staff:

- Patient care becomes rushed increasing the risk of medical errors
- Increased wait time for those that did arrive prior to their appointment time
- Increased stress for the providers and staff trying to get back on schedule
- Increased safety risk for both the staff and patients as we are rushing

We understand that special circumstances can arise which may cause you to run a few minutes behind. If that is the case, please call us prior to your appointment time. On occasion, we may be able to work late arrivals into the schedule; however, this is at the discretion of the front office staff, who are aware of the provider's current schedule. Please understand that you may be asked to reschedule your appointment to another day.

**No Shows and Late-Cancellations:**

Patients are seen by appointment only and No Shows and Late-Cancellations delay the delivery of health care to other patients who may be in pain and/or are waiting for a procedure.

- A **No Show** is missing a scheduled appointment for an office visit or a procedure.
- A **Late-Cancellation** is canceling an appointment for an office visit or procedure without contacting us to cancel or reschedule 24 hours in advance.

We understand that situations such as medical emergencies may occasionally arise when an appointment cannot be kept and adequate notice may not be possible. These situations will be considered on a case-by-case basis.

A charge of \$25.00 will be assessed for each No Show of an office visit or procedure appointment. Please note that Insurance companies will not be responsible for these charges. These are the patient's responsibility.

NERA providers may decline to provide services to patients who frequently are Late for Appointments, No Show and/or Late-Cancel their appointments.

**REMINDER CALLS:**

It is your responsibility to know when your next appointment is scheduled. We do utilize a reminder call system as a courtesy; however, the responsibility of remembering your appointment is still yours regardless of whether or not we are able to reach you by phone.

**4. HIPAA PRIVACY POLICY**

This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

Protected health information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

Please note that Northeastern Rehabilitation Associates, PC (NERA) is affiliated with TLC Medical Fitness, TLC Physical Therapy, Healing Arts Center, NE Rehabilitation Chiropractic Center, Armour Pharmaceuticals, and Rapid Care. All office sites of NERA may share information for the purposes of treatment, payment, or healthcare operations as described in this notice.

**Your rights under the Privacy Rule:**

Following is a statement of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff.

You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices - We are required to follow the terms of this notice. We reserve the right to change the terms of our notice at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted in a conspicuous location within the practice, and if such is maintained by the practice, on its web site.

You have the right to authorize other use and disclosure - This means you have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken on action in reliance on the use or disclosure indicated in the authorization.

You have the right to request an alternative means of confidential communication - This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, telephone) and to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

You have the right to inspect and copy your PHI - This means you may inspect and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.

You have the right to request a restriction of your PHI - This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

You may have the right to request an amendment to your protected health information - This means you may request an amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request.

You have the right to request a disclosure accountability - This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our office.

You have the right to receive a privacy breach notice - You have the right to receive written notification if the practice discovers a breach of your unsecured PHI and determines through a risk assessment that notification is required.

**How we may use or disclose Protected Health Information:**

Following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

Treatment - We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.

Special Notices - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health-related benefits and services offered by our office, for fund-raising activities, or with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices, and each such notice will include instructions for opting out.

Payment - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits.

Healthcare Operations - We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to, business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

Health Information Organization - The practice may elect to use a health information organization, or other such organization, to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

To Others Involved in Your Healthcare - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, that you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

Other Permitted and Required Uses and Disclosures - We are also permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; health oversight activities; in cases of abuse or neglect; to comply with Food and Drug Administration requirements; research purposes; legal proceedings; law enforcement purposes; coroners; funeral directors; organ donation; criminal activity; military activity; national security; workers' compensation; when an inmate in a correctional facility; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

**Privacy Complaints:**

You have the right to complain to us or directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us.

You may file a complaint with us by notifying the Privacy Manager at 570-344-3788. NERA will not retaliate against you for filing a complaint.