



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 and complimentary treatment of back and neck pain. Our physicians and providers specialize in the diagnosis and treatment of painful conditions of the spine, muscles and joints; as well as treat acute and chronic sports injuries, peripheral neurologic injuries or complicated musculoskeletal problems.

For Your First Appointment:

Please download, print and complete the New Patient Information Packet and bring with you to your first appointment. Please bring any X-ray or MRI films that pertain to your appointment.

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. If you do not bring your insurance cards to each visit, your appointment may be rescheduled.

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.
- All patients of NERA will be given a Medication Agreement form to read and sign before any prescriptions will be given.
- Please review the enclosed form containing details on prescription medications, refills, urine screening, etc. A member of our clinical staff will review this with you at your first visit.

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: Patient Authorization Policy, Financial Policy, Appointment Policies, and HIPAA Privacy Policy. All policies are defined below. A copy of the HIPAA Privacy Policy is available upon request.

Patient Authorization:

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 a 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 and Dr. Chun 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 and NE Rehabilitation Chiropractic Center.

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 and Visa.
- 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 A.M.- 4:30 PM.

Appointment Policies:

We would appreciate your effort to arrive on time for your appointments. This will allow us to continue to provide quality care to all of our patients.

Late for Appointments:

If you are more than 15 minutes late for an appointment, other than for an emergency, you may be asked to reschedule your appointment.

Cancellation and Rescheduling Policy:

If you should need to cancel or reschedule an appointment, the office requires 24-hour notice.

No Show Policy:

All patients who No Show for their appointments will be charged a \$25 No Show Fee. This charge is not billable to your insurance company. If you continue to miss appointments without prior notification, the physician and providers of NERA may decline to provide services.