

**BEND SURGICAL ASSOCIATES  
PRACTICE POLICIES**

**PRESCRIPTION REFILLS**

- Please contact your pharmacy for prescription refills.
- For refills to be authorized we must have the request from your pharmacy.
- Refills requested from our office directly will not be approved.
- Refill requests can take up to 48 hours to be reviewed, so you will need to plan ahead and call your pharmacy several days prior to being out of your medication.
- Refills will not be issued over the weekend or outside of business hours.
- NARCOTIC PAIN MEDICATIONS WILL ONLY BE FILLED during office hours when staff has access to your medical records.
- To check on the status of your refill request you must call your pharmacy for an update. INITIAL \_\_\_\_\_

**APPOINTMENTS**

- For your initial consultation please arrive 30 minutes early to complete the registration process.
- For subsequent visits please arrive 10 minutes early to complete the update process. INITIAL \_\_\_\_\_

**TELEPHONE CALLS**

For us to better serve you, we ask patients to let the receptionist know the nature of your problem or questions. Genuine emergencies are our first priority. Urgent calls are handled as soon as possible, and non-emergent calls within 48 hours. Cooperating with this procedure makes it possible to provide professional medical service to patients in our office without continually being interrupted by outside calls.

INITIAL \_\_\_\_\_

**EMERGENCIES**

After 5:00pm on weekdays, and on the weekends, an answering service is available for emergencies. Please limit after-hours calls to emergencies only. In the event you determine the problem is a life-threatening emergency, proceed directly to the hospital emergency room. If our assistance is needed, the physician on duty will contact us. If you are concerned the problem may be other than routine, but not life-threatening, you may follow the answering service instructions regarding paging the physician on-call. The physician on-call will return your call as soon as they are able.

INITIAL \_\_\_\_\_

**MEDICAL RECORDS**

Medical records are the property of Bend Surgical Associates, however you are entitled to photocopies. Please note that we can only release records that originated in our office, we cannot release records from other doctor's offices that may be in your chart. If medical records are requested directly from another physician's office, they are sent directly to that office at no charge. If medical records are requested by a third-party such as an insurance company or an attorney's office, then the requesting party will be billed for the records. If you request a copy of your medical records, the first copy will be provided at no charge and subsequent copies at \$25. Upon receipt of our signed Medical Records Release Form, records will be provided to you within the State-mandated thirty day period.

INITIAL \_\_\_\_\_

**MEDICAL LEAVE PAPERWORK**

A \$25.00 fee will be charged to complete up to (2) forms for Family Medical Leave Act and Standard Disability. After the first (2) forms, an additional \$25.00 fee will be charged for each additional form. No fee will be charged for return-to-work forms. Medical leave & standard disability paperwork takes a minimum of 14 days for completion.

INITIAL \_\_\_\_\_

---

RESPONSIBLE PARTY SIGNATURE

---

DATE

**BEND SURGICAL ASSOCIATES-FINANCIAL & ADMINISTRATIVE POLICIES**

**PATIENT PAYMENT POLICY**

- It is the policy of Bend Surgical Associates to collect all payments and co-payments due from patients at the time of service.
- If you are scheduled for a procedure, our office will contact your insurance carrier to verify your insurance benefits. The determination of your financial responsibility will be made according to the contractual agreement between Bend Surgical Associates and your insurance company.
- Our office will review your benefits with you and explain what your financial obligation to Bend Surgical Associates will be. All benefits estimated to be the patient portion will need to be paid prior to your procedure.
- If your insurance company denies payment due to incorrect information you provided, you will be billed and payment in full will be due immediately.
- If your account is sent to a collection agency for non-payment, you will be responsible for the collection agency fees and face possible dismissal from care.
- It is your responsibility to know the services covered by your insurance and if your insurance does not cover these services, you will be responsible for payment.
- Insurance cards and a photo ID will be required at your first visit and need to be updated annually. You will also need to present your insurance card with any change to your insurance information.
- Patients without insurance will need to make payment arrangements prior to their visit.

INITIAL \_\_\_\_\_

**FLEXIBLE SPENDING ACCOUNTS/CAFETERIA PLANS**

- If you have a Flexible Spending Account or Cafeteria Plan, you will be required to pay the portion which Bend Surgical Associates estimates is the patient's responsibility prior to any procedure. You will be provided with a receipt to use for reimbursement from your plan. If your plan provides you with a credit card for payments you may use that for your payment.

INITIAL \_\_\_\_\_

**CANCELLATION POLICY**

- Our clinic requires 7 days cancellation notice for procedures and 24 hours cancellation notice for office visits.
- If this advance notice is not received, a cancellation fee of \$200 for procedures and \$25 for office visits may apply.
- If a patient repeatedly misses or cancels an appointment, the patient may be dismissed from the entire practice.

INITIAL \_\_\_\_\_

**RETURNED CHECK CHARGE**

- There will be a \$25 charge for any returned checks to cover the cost of the associated bank charges.

INITIAL \_\_\_\_\_

**MEDICAL LEAVE PAPERWORK**

- A \$25.00 fee will be charged to complete up to (2) forms for Family Medical Leave Act and Standard Disability.
- After the first (2) forms, an additional \$25.00 fee will be charged for each additional form.
- No fee will be charged for return-to-work letters or other employer-restriction notes.
- Please allow two weeks for completion, there will be no status update earlier than 14 days.

\_\_\_\_\_  
RESPONSIBLE PARTY SIGNATURE

\_\_\_\_\_  
DATE