Dr. Robert C. Cantu Concussion Center
Emerson Hospital

310 Baker Ave. Concord, MA 01742 Phone: (978) 287-8250 Fax: (978) 287-8202

OFFICE POLICIES

Insurance Referrals: This is the authorization from your PCP or directly from your insurance company that allows you access to the Center. You are responsible to know your insurance coverage which may include but is not limited to: number of visits, referral requirements, co-payments, deductibles and time frame of treatment.
***If at any time your insurance coverage changes please notify the front office staff. This will ensure correct billing to your insurance company occurs.**

Cancellations/No Show: We request a minimum of 24-hour notification for a cancellation or reschedule of an office visit. If you cannot make your scheduled appointment, please call to notify us to cancel or reschedule. You will be charged a $50 fee if you cancel your appointment less than 24 hours of the scheduled time or if you do not show up for your appointment.
If you are late for your evaluation check in time or arrive at the time of your evaluation, your evaluation will be rescheduled. If you are more than 10 minutes late for your follow-up appointment, the appointment will be rescheduled. We will try our best to accommodate your schedule but due to the volume of patients at the Center, provider's schedules may vary.

Weather Policy: If there is an inclement weather and we close the department and we will notify patients in a timely manner. If you are not able to make your scheduled appointment due to weather, please call the office to cancel your appointment.

Co-payments: Co-payments will be collected prior to each office visit. Please verify with your insurance company your co-payment obligation. You may pay by check, cash or credit card.

Phone Call Reminders: Our office will contact patients prior to their appointments, reminding them of the date and time of their appointment. Please confirm with the front desk that we have the best contact phone number on file.

Medical Records: If you or any other party requires copies of documentation or treatment records, we ask that you contact the Emerson Hospital Medical Records department by either phone (978) 287-3907 or fax (978) 287-3652. The Emerson Hospital Medical Records department will manage all medical records requests.

Documentation: Any documentation that is presented to the office staff will be reviewed. This includes any Workers Compensation, Motor Vehicle Accident, FMLA or Short/Long Term documentation, etc. The staff will work together to complete the paperwork. Please allow 2-3 weeks for the paperwork to be processed. If you need a prescription refilled, please give us a week's notice for it to be processed.

I hereby authorize my acknowledgment of the Dr. Robert C. Cantu Concussion Center office polices.

_____ _____ _____

Date Time Signature of Patient or Patient's Legal Representative

_____ _____

Print Name of Patient's Legal Representative (if applicable) Relation to Patient