



PATIENT ID

### 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 coverage which may include but is not limited to: number of visits, 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 24 hour notification for cancellations. If you cannot make your scheduled appointment, please call us to notify us to cancel or reschedule. If you are late for your check in time, for your new evaluation or arrive at the same time for your evaluation without the necessary paperwork completed, your evaluation will be rescheduled. If you are more than 10 minutes late for your follow-up appointment, the appointment will be rescheduled. You may be charged a fee if you do not cancel your appointment within the 24 hour policy or if you do not show up for your appointment. We will try 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, 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 vary between and among insurance plans. Please verify with your insurance company your co-payment obligation. For your convenience, co-payments will be collected weekly or at the end of the calendar month. 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 records of your treatment documents, you must complete the Emerson Hospital Medical Records release form. A form must be filled out for each party that requires records. The form will be faxed to the Medical Records department. All inquiries should be directed to them at (978) 287-3907 or [roi@emersonhosp.org](mailto:roi@emersonhosp.org). We cannot release any medical records without the proper authorization.

The form is also available on our website [www.emersonhospital.org](http://www.emersonhospital.org). Click on the "For patients and families" tab, then the "patients" tab, then the "Medical Records Information" tab. Please print off the "Download Authorization for Use or Disclosure of Protected Health Information" form and fill it out, including the signature at the bottom.

**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.

**Comments:** Most importantly we want your experience at Dr. Robert C. Cantu Concussion Center to be a pleasant one. If there is anything that any of our staff can do to enhance your experience, please do not hesitate to ask.