

*Welcome to the*  
**Orthopedic, Spine & Hand Centers**

We are delighted that you've chosen our office to meet your orthopedic needs. Please carefully review the information contained within this brochure, which includes our practice policies and responsibilities. You will receive copies of these forms to sign at your first visit. For more information or questions, please call **661.663.6550** or visit our website at **[www.mercybakersfield.org](http://www.mercybakersfield.org)**.

## Mercy's Orthopedic, Spine & Hand Centers

Mercy's Orthopedic, Spine & Hand Centers bring some of the area's top orthopedic surgeons together with the technology and experienced staff Mercy Hospitals offers. Working together we provide a broad array of orthopedic services.

The physicians at the Orthopedic, Spine & Hand Centers specialize in orthopedic surgery, dealing with the diagnosis and treatment of diseases and injuries of the joints, bones, muscles, tendons, nerves, and ligaments.

### Our Services

Our Orthopedic, Spine & Hand Centers offer comprehensive orthopedic services including joint replacement (knees, hips, and shoulders) and the diagnosis and treatment of:

- **Hand or wrist injuries or disorders**
- **Carpal Tunnel Syndrome**
- **Muscle, tendon or joint disorders of the shoulder**
- **Shoulder or elbow injuries or disorders**
- **Foot and ankle problems**
- **Scoliosis**
- **Fractures**
- **Tendonitis**
- **Ganglion Cyst**
- **Sprains**
- **Synovitis**
- **Orthopedic related arthritis conditions**
- **Other hand, joint or bone disorders**

### The Physicians

Mercy's caring staff together with community physicians who see their patients at the Orthopedic, Spine & Hand Centers have helped thousands of patients suffering from a variety of bone and soft-tissue injuries, diseases, and deformities, consistently providing the finest in diagnostic services, surgical and non-surgical treatments. Each physician is board certified and has years of experience in the medical and surgical treatment of orthopedic injuries or disorders.

## Mercy's Orthopedic, Spine & Hand Centers (continued)

### Billing

The physicians at the Orthopedic, Spine & Hand Centers are not employees of Mercy Hospitals. The hospital is contracted to provide clinic space, support personnel and equipment (facility). The physicians are contracted to provide professional services.

Please be advised that the physicians and the hospital may have different arrangements with your health plan which may result in separate co-payments and other costs; one for the services provided by the physicians and one payable to the facility – similar to the model of university medical centers.

For physician billing inquiries, please contact the physician's billing service at the number provided on your physician billing statement.

For hospital billing inquiries, please contact our business office at: **866.397.9252** or online at **[www.dignityhealth.org/billpay](http://www.dignityhealth.org/billpay)**.

### Form Fees

Mercy Orthopedic, Spine & Hand Centers are happy to assist you in completing any form you may need. Please allow us 7 – 10 days from the date of receipt for completion and processing of your form. As a courtesy, we will complete your State Disability Claim Form (new claims and continuation forms) for no charge.

Our standard fee of \$15 will be required in advance of form completion to include, but not be limited to the following forms:

- **Social Security/SDI**
- **Secondary Disability Income (Except State)**
- **Private Supplemental Insurance**
- **Family Medical Leave Act (FMLA)**
- **Leave of Absence**
- **AFLAC**
- **Credit Deferment**
- **Retirement Forms**
- **Replacement of Lost Disabled Parking Permit**
- **Rehabilitation/Functional Capacity**

## Mercy's Orthopedic, Spine & Hand Centers (continued)

### Prescription Refill Policy

Prescription refills require a 48-hour notice. Please contact your pharmacy directly for your refill and they will contact our office for authorization. Please note that our office does have a prescription drug policy.

### No-show Policy

Excessive failure to keep your appointment (recurrent no-shows) may subject to discharge from the practice.

### Schedule

Your time is valuable to us. As a physician of specialized service we treat minimal to complex cases and although, we try to maintain a timely schedule, your visit may run late. We also experience occasional emergencies that may affect your wait time. Your patience and understanding is appreciated.

## Patient Safety Orientation

Thank you for choosing Mercy Hospitals. Your safety and the quality of the care you receive during your visit is our top priority. You can be assured that your medical information will be kept confidential and will only be discussed with individuals involved in your care unless you instruct us otherwise. Your participation and understanding of our plan as well as the National Patient Safety Goals will help to facilitate your care. Please review the following:

**Patient Identification:** Your identification will be confirmed each time you receive medication, or a treatment or procedure is performed. These procedures include blood draws, x-ray examinations, or other procedures.

**Medication Safety:** You will be asked for a list of your current medications and any known medication allergies. You may be given medication during your visit. If so, you will be given information about your new medication in writing.

**Hand Hygiene:** All employees, patients, physicians and family members are expected to perform hand hygiene prior to and following patient contact. This could be in the form of using the waterless hand cleaner on the wall or washing their hands with soap and water in the rest room. Please feel free to remind care providers to wash, or sanitize with waterless sanitizer, their hands prior to performing a procedure or coming in physical contact with you.

**Respiratory Hygiene:** Cold and flu viruses may be carried in the air. The spread of disease can be prevented by covering your mouth when coughing or sneezing. If you sneeze or cough in your hands, please use hand sanitizer afterwards. This will help us decrease the transmission of cold and flu viruses. The best way to minimize the spread of cold or flu, is to cover your mouth with your forearm if you cough or sneeze. Hand sanitizer is located in each patient room and tissues are also provided.

**Fall Prevention:** Your risk of having a fall may be assessed when you are visiting the clinics. Please inform the staff if you have a risk of falling so that we may take appropriate precautions.

**Patient and Family Education:** Starting with the information we have provided today, you and your family will receive updates during your clinic visits. Please let us know if you do not understand or need further information. If you would prefer that we only give updates to you, please bring that to our attention.

## Patient Safety Orientation (continued)

**Changes in patient condition:** If there is a change in a patient's medical condition that has not been addressed or if something just "doesn't feel right" immediate assistance is available. Condition Help is available by dialing 7777 from any **hospital phone**. A call to Condition Help activates our rapid response team, a resource for patients and their loved ones when additional help is needed. Anyone including family, friends, or other patients, can make the call to Condition Help.

**Safety concerns:** Please contact a staff member if you have any patient safety concerns or questions.

**Security concerns:** Please contact hospital security by dialing the Operator (o) or contacting a staff member if you or your family member has any security concerns.

## Conditions of Treatment

By signing the copy of this form you receive at your first visit, you agree to all of the following provisions:

### 1. Consent to Medical [and/or Surgical] Procedures

You give consent to receive services provided by Mercy Orthopedic Spine & Hand Centers during this visit and for future visits within the next 12 months. The services provided may include medical procedures, as well as laboratory, imaging, or other services provided in the Center and within the scope of our Center's license. All services will be provided under the direction of a licensed practitioner, who may be a doctor, physician's assistant, or nurse practitioner working under the general supervision of a doctor.

### 2. Consent to Electronic Recording

You consent to our use of photography, audio or video recording or other electronic imaging as required for the diagnosis or treatment of the Patient and for other internal Center purposes.

### 3. Participation of Residents and Health Care Students

We may participate in teaching programs in which resident doctors, medical students, student nurses, and/or students in other health professions receive in our Center training. These persons may observe or participate in the Patient's care under the supervision of licensed practitioners on the Center's regular medical staff.

## Conditions of Treatment (continued)

### 4. Doctors are Independent Medical Practitioners

The doctors providing care to patients in the Center are independent practitioners and are not employees or agents of the Center. The Center's nurses and ancillary staff are responsible for carrying out the instructions of the doctor(s).

### 5. Information about Treatment

You have the right to ask questions about the Patient's care. If the doctor determines you need a procedure or treatment that presents more than minimal risk to you, the doctor is responsible for giving you information about the risks, benefits, and alternatives of the treatment so that you can make an informed decision about the Patient's care.

### 6. Release of Information

You have received or will be given a Notice of Privacy Practices that explains how the Center may use information about the Patient. As explained in the Notice of Privacy Practices, we will obtain the Patient's written authorization to release information about the Patient, unless we are permitted or required by law to disclose the information without authorization.

### 7. Financial Agreement; Assignment of Benefits

**a. Insured Patients.** We will bill the Patient's insurance company for all the services provided at the Center. Co-payments and deductibles required by the insurance company must be paid by the Patient. In addition, if the insurance company denies all or part of the payment for any reason, the Patient is responsible to pay any amounts that are due to the Center. Some common reasons an insurance company may deny payment are:

- **The service is not covered**
- **The Center or the Center's practitioners are not in the insurance company's network**
- **Advance authorization from the insurance company was required and not obtained**
- **The insurance company determines the service is not medically necessary**

By signing the copy of this form you receive at your first visit, you authorize us to submit a claim for payment to the Patient's insurance company for the services provided to the Patient. You also authorize the insurance company to make direct payments to us for such services.

**b. Uninsured Patients.** Patients who do not have insurance must pay us for the services at our full charges (regular rates), unless other discounts apply. However, uninsured patients may be able to qualify for government programs or financial assistance. Financial assistance may include a discount from the Center's full charges (regular rates), free care, interest free payment plans or other assistance. Patients seeking government or financial assistance must complete an application (see Paragraph 8 below).

**c. Additional Terms.** (i) All past due accounts will be charged interest at the legal rate. If we refer the Patient's account to a collection agency or attorney, the Patient agrees to pay the Center's reasonable attorneys' fees, costs and collection expenses. (ii) If a person other than the Patient (or Patient's legal representative or estate) agrees to pay for the services provided to the Patient by the Center, that person must sign a Financial Responsibility Agreement.

## 8. Financial Assistance

We help uninsured patients enroll in government health care programs, such as Medi-Cal. If the patient is uninsured and does not qualify for government programs, financial assistance may be available under Dignity Health's Patient Financial Assistance Policy. To seek assistance under this Policy, the Patient must complete an application and provide certain personal and household financial information. If you would like information about government programs or our financial assistance program, please contact admitting or registration personnel.

## 9. Third Party Liability

If the Patient recovers a judgment, damages or settlement from a third party for injuries caused by an accident or by the negligent or wrongful act of that third party, we may use procedures authorized by law to enforce a lien on the judgment, damages or settlement, if any services by the Center or its practitioners is related to the treatment of injuries or conditions caused by the accident or wrongful act. Under state and federal laws, we may enforce a lien up the uncollected amount of our full regular rate charges. We are allowed to take such action even though the Patient's health insurance or health plan has already paid us. You agree to provide the Center with information reasonably necessary for the Center to exercise its rights, including but not limited to, the name of any person who may have caused the Patient's injury and the name of that person's insurance company.



## Terms Used in this Form

“**Center**” means: Orthopedic Spine & Hand Centers

“**Patient**” means the person identified in the registration block.

“**You**” refers to the person who signs the Conditions of Treatment document at the first visit and can be the Patient or the Patient’s legal representative.

“**We**” or “**us**” or “**our**” refers to the Center.

“**Insurance company**” means a HMO, health plan, indemnity plan, government plan or insurance company.

“**Regular rates**” means the Center’s published (charge master) rates prior to any discounts or reductions.

## Patient Signature

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Signature

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Date