

Thank you for choosing New England Orthopedic Specialists for your orthopedic care. We are committed to the success of your medical treatment and care. We hope that by sharing our expectations this will improve communication and help strengthen the physician-patient relationship. Please review and sign the statements below.

Medication Policy

- Refills can be requested via our refill line or Patient Gateway. Please allow at least 24 hours to obtain a refill.
- We do not offer refills during evening hours, or on weekends or holidays. A refill requested on a Friday will be available the following week.
- Take your medication only as prescribed. Your prescription will indicate the safest, most effective way to take the medication.
- Do not allow any other individual to take your medication. We will not refill lost or stolen prescriptions.
- Narcotic prescriptions must be picked up at the office.
- New England Orthopedic Specialists is an orthopedic practice; our goal is to maintain or improve function. We will not prescribe narcotic pain medication for a prolonged period of time. If you require narcotic pain medication for longer than we are comfortable prescribing it, we will refer you to a pain management specialist or to your primary care physician.

I have read, understand, and agree to the above Medication Policy.

Signature of Patient or Representative

Financial Policy

- It is your responsibility to notify the practice of any change in address, telephone number, and insurance.
- It is your responsibility to understand what is covered by your health insurance plan, the amount of your deductible, maximum out-of-pocket, co-insurance, and copayments.
- All copayments, deductibles, co-insurance and fees for non-covered services are due at the time of service. If you arrive without your copayment, we may ask you to reschedule.
- If a referral from your primary care physician is required by your insurance and a referral is not on file at the time of your visit, you may be rescheduled or asked to sign a waiver accepting responsibility for the full amount of the visit.
- In the event you need surgery, we will provide you with information regarding your procedure to the best of our knowledge so that you can obtain an estimate of your expected costs from your insurance plan. We accept deposits and our billing service can work with you to set up a payment plan if you wish.
- We reserve the right to submit delinquent accounts to a collection agency and/or terminate you as a patient of this practice for non-payment.
- We request that at least 24 hour advance notice be given to the office if you are unable to keep your scheduled appointment. Patients who repeatedly “no show” for appointments may be discharged from the practice.
- We utilize the Massachusetts General Physicians Organization as our registration center and billing service.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments, coinsurance, and deductibles, are my responsibility.

Signature of Patient or Representative

Date

Assignment of Benefits and Release of Information

I hereby authorize my insurance benefits to be paid directly to New England Orthopedic Specialists. I acknowledge that I am responsible for any balance not covered by those benefits. I authorize New England Orthopedic Specialists to release information requested concerning my care to insurers paying such benefits.

Signature of Patient or Representative

Date

Acknowledgment of Receipt of the Notice of Privacy Practices

I acknowledge that I have received or have been given the opportunity to receive a copy of the New England Orthopedic Specialists’ Notice of Privacy Practices. This Notice describes how New England Orthopedic Specialists may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Signature of Patient or Representative

Date