



CHILDREN'S

BONE AND SPINE SURGERY

Welcome to our Pediatric Orthopedic Office

Listed below are helpful hints to better understand our orthopedic office and how to complete the patient packets for faster insurance response.

1. Do you have your X-Rays? Current X-Rays are the most important part of the orthopedic diagnostic process. Most insurance will not pay for repeat X-Rays taken within 30 days.
2. If you have medical records from another doctor's office, Quick Care, or hospital, please give them to our staff upon arrival. Our doctor will review them for proper diagnosis.
3. Most patient appointments are called back by "appointment time," not arrival time, with the exception of orthopedic trauma cases that need to be seen immediately.
4. The receptionist **will not** know the clinical severity of cases ahead of you, nor will she know exactly how long your wait time will be.
5. Multiple providers see patients at the same time; the X-Ray and orthotic departments also maintain appointments. If you have made special arrangements with a doctor's medical assistant, your appointment time will be outside the grid.
6. We only see children. We see patients from infancy to age 18, if they are still in high school. We require parental input in the care of the child.
7. For your convenience we offer pediatric orthotics (DME) in our main office.
8. It is your responsibility to know your insurance. Due to the exactitude of insurances, you will not be seen until *all insurances* have been verified and referrals have been received. If you have more than one insurance, let us know immediately as it can take up to two hours to verify insurance.
9. It is our desire to have your health insurance or government program pay your claims in a timely manner. Your insurance requires detailed and completed information. Often your information must be mailed in as part of the medical record.
10. Health insurance claims are processed due to health issues not associated with workers' compensation claims, auto accidents, legal claims or any other third party liability.
11. If the child had an accident and it is a third party liability, we will provide you with the paperwork that is required. You will have to bill everything on your own, monitor your own case with the third party liability company, and make monthly payments until your case is resolved. You are considered a "cash pay."
12. Please do not leave anything blank in the patient packet.
13. **Do not** use the term N/A (not applicable); instead use "none" or "no" where it is needed.
14. Please ask us for help if something needs to be clarified. We are here to help you.

PLEASE ASK FOR A COPY OF THIS SHEET FOR YOUR FILES.

Children's Bone and Spine Surgery, LLP

MAIN OFFICE:
1525 E. Windmill Lane
Suite 201
Las Vegas, NV 89123

Phone - 702-434-6920
Fax - 702-434-1524

Today's Date:

Patient's Name	FIRST	MIDDLE	LAST	Birth Date	Age
Child's Social Security Number			Home Phone #		Male () or Female ()
Address		Apt #	City	State	Zip
Mother's Name			Father's Name		
Social Security #		Birth Date		Social Security #	
Address		Address			
Home Phone #		Cell #		Home Phone #	
Work Phone #				Cell #	
Person to Contact in an Emergency (Not in Same Household)			Relationship		Phone #
Address		City	State	Zip	
Other adults authorized to bring in child for treatment:					
1)			Relationship		Phone #
2)			Relationship		Phone #
Pediatrician or Referring Doctor			Phone #		Fax #
Primary Insurance			Phone #		
Address		City	State	Zip	
Policy Holder		Birth Date	ID #	Group #	
Policy Holder Address (if different from above)				Phone #	
				Relationship	
Secondary Insurance			Phone #		
Address		City	State	Zip	
Policy Holder		Birth Date	ID #	Group #	
Policy Holder Address (if different from above)				Phone #	
				Relationship	

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X-Rays: Were X-Rays taken? If yes, where? _____
Did you bring your X-Rays? _____

Allergies:

Current Medication:	Amount Dosage:	How Often:
_____	_____	_____
_____	_____	_____

Medical and Surgery History with Dates:

Medical Records/X-Ray Requirements for Minors

- Medical record releases for children require proper identification of the parent, foster parent, or guardian. All records must be picked up in person due to the Federal genetics, HIPAA HITECH, and identity theft rulings.
- Please call our office for hours when the "Custodian of Records" is available to process your requests, as all requests need to be verified and signed in person. We also require a 5 day notice as some records and most X-Rays are off site.
- Once the child has reached the age of 18, the parents and/or guardians will no longer be able to pick up records. The exception would require custodial or power of attorney papers because of a disability.
- In most cases, X-Rays are originals and copies cannot be made. Originals must be signed out and returned. They are never mailed. We comply with Federal Section NRS 629.51, Section 7 and maintain records and X-Rays until age 23.

"No Show" Policy

- Unfortunately, we have found it necessary to charge \$50.00 for missed appointments. Families that do not show up for their scheduled appointments are preventing us from scheduling other injured children.
- Automated courtesy confirmations arrive two days before an appointment and require your response. It is your responsibility to provide us with current telephone numbers. The answering service is also open 24/7 to accept your cancellations. A 24 hour notice is required.
- Missing two or more appointments may result in dismissal.

Initials _____

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**CHILDREN'S BONE AND SPINE SURGERY
FINANCIAL POLICY AND ASSIGNMENT OF BENEFITS**

All fees for medical care are based on the usual, reasonable, and customary fees charged in this area by physicians of equal training and experience.

Payments for medical services rendered are due at the time of service unless prior arrangements have been made.

Our office verifies eligibility and benefits with your health insurance company. If we are unable to accomplish this, you will be asked to pay for services rendered until we can confirm your status. We will do all we can to assist you with your insurance claims; however, insurance is a contract between you and your insurance carrier. Final responsibility for payment of your account rests with you.

Prior authorizations obtained for procedures by this office on your behalf do not guarantee payment but rather are based on medical necessity. Claims are subject to policy provisions, and your insurance carrier determines final payment. A deposit is required if you are being scheduled for surgery.

Having read the above, I hereby authorize payment by my insurance carrier, Medicare, Medicaid or other designated payers of medical benefits to Children's Bone and Spine Surgery for services furnished to me. This assignment will remain in effect until revoked by me in writing. I hereby accept financial responsibility for all charges incurred whether or not I have insurance coverage. A photocopy of the assignment is considered as valid as the original.

I also authorize Children's Bone and Spine Surgery to release to my insurance carrier or their agents any medical information about me needed to determine these benefits payable for service.

I understand that if my account becomes delinquent and is assigned to an outside collection agency, that an additional mark up of 100% will be added to the amount I owe. I understand the adding of this collection fee as well as the accrual of interest at the statutory rate should my account be assigned to a collection agency. I agree to pay to Children's Bone and Spine Surgery for the medical services provided, collection fees if added and interest.

I hereby consent to and authorize medical treatment, tests, and procedures performed in this office that my physician deems advisable and necessary based on his judgment. I understand that I may ask whatever questions needed to understand the necessity for and expected outcomes of the recommended care.

Initials _____

INSURANCE INFORMATION

The specialty of orthopedics (dealing with injuries or broken bones) requires additional paper work for your insurance company. Please be aware that you may receive special forms in the mail from your insurance company requesting:

- Accident Information
- Coordination of Insurance Benefits Information

Please respond immediately or bring the forms into us and we will help you complete them free of charge.

If you do not respond to the insurance company within 30 days, they will delay your case and will not pay any claims. You will end up responsible for 100% of billed charges and will have no recourse to appeal.

Initials _____

I have read and understand the above statements:

Date Parent or Guardian

Patient Name

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ORTHOPEDIC CARE

Dear Parent or Guardian:

Our Office makes every effort to follow the current coding practices for reporting medical services as dictated by the Federal government (CMS) and the American Medical Association (the AMA). These regulations can be quite complicated and generate many questions. The purpose of this handout is to clear up any confusion caused by these complicated rules regarding the billing of fracture care services.

A fracture or "broken bone" is most often diagnosed by X-Ray and can vary greatly in severity and treatment options. However for billing and insurance coding purposes, fracture care is listed in the surgery section of the AMA's coding book (CPT-4.....20000 code series) and is subject to Global or Surgical rules regardless of whether these services were provided at the hospital or in the office.

An insurance claim for fracture care will typically appear as follows:

- 1) An Exam (99200 code series) at the document level for diagnosis and decisions about the best treatment options.
- 2) An X-Ray (70000 codes) often is used to diagnose the fracture and/or a post fracture treatment X-Ray to ensure proper alignment.
- 3) A Fracture Code (20000 codes) will be assigned based on the site, type of fracture and whether the treatment is closed or open. Open treatment most often is performed in an Operating Room at the hospital or out patient surgery facility. Closed treatment often is done at the Emergency Room or in the office. However, all fracture treatment is considered "major surgery" by the Federal and AMA coding systems and will often times be reported as surgery on your insurance company's "Explanation of Benefits." This includes clavicles, hands and feet.
- 4) The Cast Application (29000 codes) for the initial work of applying the cast is included in the above Fracture Code at no charge. Subsequent applications are separately reportable and billable.
- 5) Cast Supplies (A4580, A4590, new Q codes or 99070) are reported separately. You are responsible for casting materials not covered by your insurance.
- 6) Subsequent Fracture care: Most "routine" fractures will require several post operative visits which are included at no charge in the fracture/surgical fee if related to the same diagnosis. The post operative/global days vary dependent on the insurance company. Subsequent X-Rays (70000 codes), cast applications (29000 codes) and supplies are not covered under the global period and are billable.

Initials _____

Some of the more serious type of fractures need additional surgery or procedures. There are special rules and modifiers our office is required to use to report those services.

This office is required by the Federal Compliance laws to report the services provided based on the documentation in the medical records. As a matter of policy, we cannot improperly alter a claim for the purpose of obtaining payment. If you discover a bona fide billing error, duplicate charge or other posting error, we would greatly appreciate bringing the matter to the attention of our Business Office staff for further investigation and proper corrective action. Due to our contract with your insurance we can not discount patient copays and deductibles.

As you well know, coverage and payment amounts vary greatly by payer. If you have any questions about your particular coverage, it is best to check with your company's representative. Our business Office staff will be happy to assist you in the claims filing process for prompt adjudication and payment of your insurance claim.

Parent or Legal Guardian Initials _____

Date _____

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Insurance Information

Dear Parent or Guardian:

A. This office does not have a contract with or participate with the following HMOs and PPOs:

- HPN – Sierra Choice HMO
- St. Mary's HMO
- Aetna Value Network/Aetna Products
- HMA/HMN Network Product Line
- United Healthcare HMO
- California Medicaid
- Other

B. Commercial HMO's and Medicaid HMO's Rules

- You, your employer, or the State of Nevada has chosen an HMO for your family's insurance.
- You must have a referral or "permission slip" from your primary care doctor before your child can be seen in our orthopedic specialist office for all new and follow-up appointments. These are the rules of your insurance company and not ours. Please read your insurance manual or contact your Human Resource department.
- Discharge papers are not considered referrals or "permission slips" by most insurance companies.
- "Out of State" HMOs are not valid in the State of Nevada.
- The most common HMOs that require referrals in Southern Nevada are:
 - Smart Choice – HPN Medicaid
 - Blue Cross/Blue Shield HMO
 - HPN Commercial (Nevada Orthopedics Referral Needed)
 - Aetna HMO
 - Cigna HMO
 - Arizona Medicaid
 - Tricare/Triwest
 - South Point

Parent or Guardian Signature

Patient Name

Witness

Date

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MEDICAL QUESTIONNAIRE

(Your insurance company will require a copy of this form)

Insurance Company Name: _____

Insurance Policy Holder: _____ ID#: _____

Other Insurance Company: _____

1. Patient Name: _____ Date of onset: _____

2. Circle Reason for visit: Accident Injury Condition Other

3. Explain: _____

4. Area of the body being treated today: _____

5. If applicable left or right side: _____

Complete the following: (circle)

1. Was a police report completed? Yes No

2. If yes, do you have the police report with you? Yes No

3. Who caused or may have caused this condition?

Name: _____

Address: _____

Insurance Company: _____

4. Have you contacted an attorney or do you plan on contacting one?

YES NO

If yes, complete the following:

Your Attorney's Name: _____

Attorney's Address: _____

Attorney's Phone #: _____

I hereby acknowledge that the above information is true and complete to the best of my knowledge.

Parent or Guardian Signature

Date

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CHILDREN'S

BONE AND SPINE SURGERY

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At Children's Bone and Spine Surgery, we are committed to maintaining the privacy of your health information. This Notice of Privacy Practices describes the personal information we collect from you, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective 4-14-03, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Children's Bone and Spine Surgery a record of your visit is made. Typically, this record contains your symptoms, diagnoses, treatment, and a plan for future care.

Understanding what is in your record and how your health information is used helps you to better understand who, what, when, where, and why others may access your information.

Your Health Information Rights

Although your health record is the physical property of Children's Bone and Spine Surgery, the information it contains belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Request a copy of your health record (fees will apply); Request amendment to your health record
- Obtain an accounting of disclosures of your health information made for purposes other than treatment, payment or healthcare operations
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information. We are not required to agree to your request but if we do agree, then we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Please note that all requests must be complete and in writing. Please contact our office for the proper forms. Processing fees, copying fees and/or postage and delivery fees will apply as deemed by this office per Nevada law. Please contact our office for the fee structure.

Our Responsibilities

Children's Bone and Spine Surgery is required by federal and state law to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and disclose about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations (fees may apply)

We reserve the right to change our policies and to make the new provisions effective for all protected health information we maintain or disclose. Should our information policies change, we will post a copy of the revised notice in our office. We will not use or disclose your health information without your authorization, except as described in this notice. We will also cease using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Examples of Disclosures we make for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team gathered during your association with us will be recorded in your record. This information may be disclosed to a physician or other healthcare provider for your treatment.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular healthcare operations.

For example: Healthcare operations may include quality assessment, competency of staff reviews, accreditation, certification and credentialing activities. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Persons involved in care: We may disclose health information to notify or locate a person responsible for your care. In the event that you are incapacitated, we will use our best professional judgment to disclose only the necessary information.

Appointment reminders: We may use or disclose health information to provide you with appointment reminders such as voicemail or letters.

Business associates: There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require our business associate to appropriately safeguard your information.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health/National Security: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability or terrorism.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our Privacy Officer at 702-434-6920.

If you believe your privacy rights have been violated, you can file a complaint with:

Privacy Officer
Children's Bone and Spine Surgery
1525 E. Windmill Lane
Suite 201
Las Vegas, NV 89123

If you feel that your privacy issue was not successfully resolved, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. We will provide you with the address upon request. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

I acknowledge receipt of this Notice of Privacy Practices.

Patient Name (please print)

Date

Patient Signature

Parent or Guardian Signature