

# ADVANCED ORTHOPAEDIC INSTITUTE

Office of JEFF CARTWRIGHT, M.D.

103 E. Third St.

ARLINGTON, WA 98223

360-403-0333 360-403-0331FAX

(Revised February 29, 2012)

## OFFICE POLICIES

- 1. MEDICATION:** For non-narcotic medications, please call your pharmacy.

If you are not being seen for an appt, you may not walk-in and request a refill while we are in clinic with other patients. Please contact our receptionists at ext 0, to have a message sent to our clinic staff. They will need a contact number to return your call and complete a medication encounter (required by Dr Cartwright). We have a 7 day refill policy (you must allow one week for the prescription to be provided). Please plan ahead accordingly.

Pain Medications will not be refilled outside of normal business hours. **IT IS NOT APPROPRIATE TO HAVE OUR PROVIDERS PAGED FOR THE PURPOSE OF OBTAINING PAIN MEDICATIONS unless you have had surgery in the past 2 weeks.** For non post-op patients, if you have a sudden worsening of pain, you will be directed to the E.R. outside of normal business hours.

- 2. PAGING SYSTEM:** Our office answering service is to be used to page our providers in case of EMERGENCIES ONLY! Please do not call our office staff at home for medical questions.

- 3. SPECIFIC PHONE LINES:** At any time, you may dial 0 to speak with our receptionists. If they are on another line, please leave a message and they will return your call.

0: *RECEPTIONIST(s)*: To schedule/reschedule/cancel an appointment  
To request a refill on your medication  
To leave a message for provider assistants (MA/RN)  
To request medical records

1205 or 1206: *Authorizations and Referrals*

Billing Questions ? Contact Evans Medical at 360-588-0778

- 4. OFFICE HOURS:** We are closed on Mondays. We treat patients on Tuesday and Thursday 9-6, and Wednesday and Friday 9-5. Dr Cartwright performs surgeries at Skagit Valley Hospital in Mt Vernon and at Skagit Island Orthopaedics in Mt Vernon.
- 5. NO-SHOW/ CANCELLATION POLICY:** **Our Office requires a 24 hour cancellation notice.** We have patients on a waiting list that would like to see our providers. We know that emergencies happen, and we will look at each case individually. However, non-emergent cancellations and no-shows less than 24 hours will be charged a \$40.00 cancellation/no-show fee. Please help us continue to be efficient in our provision of health care and effective in helping you with your orthopedic needs.
- 6. PAYMENTS:** All copayments are required to be paid prior time of service. This is a requirement of your contracted insurance- we are mandated to enforce the requirement. All returned checks will

incur an additional \$40.00 service charge. Co-pays not paid within 24 hours of the date of service can incur an additional billing charge of \$15.00.

Patients have 30 days to pay clinic invoices. We accept cash, checks, MasterCard, Visa, Discover, and Care Credit. Patients without insurance will be required to establish a payment plan with our office. ANY PAYMENT PLAN setup in our office requires a copy of the debit/credit card be kept on file in your records.

- 7. **DIAGNOSTIC TESTS:** If the doctor has requested that you receive any type of diagnostic test (MRI, X-ray, Bone Scan, Ultrasound/Doppler study, etc) we ask that you get the test performed as quickly as possible. We prep our charts one to two days prior to your appointment. If your films and/or the reports are not available for your appointment (1) you will be required to bring your films/ disk and copy of the report to your appointment, or (2) your appointment will be rescheduled.
- 8. **GLOBAL PERIODS:** Surgeries do not necessarily mean that copays are not incurred. Copays are dependent on your insurance policy, and what treatment you receive at your appt. Please request a copy of our Patient Global Period Sheet, if you would like more information.
- 9. **CONSENT TO RELEASE INFORMATION:** I authorize staff of Advanced Orthopaedic Insitute to discuss my medical condition / records with people listed below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**10. DO NOT RELEASE INFORMATION TO:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\*\* We have these policies in place to streamline our service and provide you with the best quality of care. Sometimes even the best planning in our schedule cannot compete with emergent services that our providers are called on to provide, we apologize if that happens during your scheduled appointment. We thank you for your patience when other patients' appointments run a little longer than anticipated. You will receive the same quality of care with our providers.

Judi Cartwright, MPA, OTR/L  
Office Manager

\_\_\_\_\_  
Signature of Patient (or Pt's Representative/Parent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (PRINTED NAME)