



128 MEDICAL CIRCLE
WINCHESTER, VIRGINIA 22601
PHONE: 540.667.8975
FAX: 540.667.6589
www.woaltd.com

PATIENT INFORMATION

This is intended to be general clinic information. Please do not hesitate to address questions you may have to your health care team. **We recognize and adhere to the Patient's Bill of Rights and Patient Responsibility Statement (see page 2).**

Office Hours: Monday-Friday, 8:00 a.m.-5:00 p.m.

Office Visit – What to Expect: Orthopaedic services are provided to individuals who have an injury or illness involving the musculoskeletal system: bones, joints, or soft tissues such as muscles, ligaments, tendons and nerves. Take time before your appointment to list questions or concerns you wish to review during your office visit. Your orthopaedic specialist will describe the nature and purpose of a procedure, possible methods of treatment or rehabilitation, and potential risks. Together, you and your physician will identify a treatment plan that is most appropriate for you. Greater patient involvement increases the likelihood of a better outcome.

OrthoExpress: This clinic is to treat urgent injuries which may have occurred during sports, at work, or a general accident. (Excluding auto accidents or multiple-injury trauma.) Please call for an appointment.

Referrals: Check with your insurance company or employer to verify whether you require a referral from your primary care doctor to see an orthopaedic specialist. Please obtain this referral from your primary care doctor before your scheduled appointment.

NEW PATIENTS:

- Please arrive **30 minutes** before your scheduled appointment in order to complete required paperwork. If you bring your paperwork with you already complete, it still takes some time for our staff to complete the intake process for new patients.
- If you cannot keep your appointment, we would appreciate your courtesy in canceling as soon as possible so we may assign the appointment time to another patient.
- **New Patients may be charged \$50 for “No Show” appointments** (if you don't call ahead to cancel); this fee will need to be paid prior to any future appointments being made.
- Scheduling is heavy and there may be a 4-6 week wait prior to your appointment. Every attempt is made to minimize waiting periods at the time of your office visit; however, regardless of our earnest attempts to avoid delays in scheduling or lengthy waits at the time of appointments, problems sometimes occur. Office delays are typically due to hospital emergencies or to additional patient needs that arise while a patient is in the exam room.

Bring to Your Appointment:

- Insurance card(s) **If you do not bring your insurance card(s), you may be considered a Self-Pay patient**
- Photo identification
- Referral, if insurance requires
- List of Medications
- Current X-rays or MRI studies you've had taken for your current symptoms (unless performed at a Valley Health facility).

Minors (under 18 years old): Patients under the age of 18 must be accompanied to appointments by a parent or legal guardian.

Surgery: Surgical procedures are performed at Winchester Medical Center or Valley Health Surgery Center. A deposit of **\$350** may be required prior to scheduling elective surgery; exceptions may apply depending on your insurance plan(s). If uninsured, a deposit of up to half of the estimated charges may be required.

Medical Assistance by Telephone: A physician, advanced practitioner, or nurse will need to review your medical record before any medical questions received by telephone can be addressed. We will take a message, and you will receive a call back from us, normally within 48 business hours, depending on the severity of your condition and availability of your provider.

Prescription Refills: Please contact your pharmacy for refill requests.

Medical Record Requests or Form Completion: A signed authorization gives us permission to release medical record information. A **processing fee** will be charged for medical record copies, form completion or X-ray duplication. This process may take **up to 14 business days**, depending on volume.

Billing Questions: (800)835-1945 or (540)504-0326 E-mail: billing@jd-matthews.com

Fee Estimates: (540)667-8975

Winchester Orthopaedic Associates, Ltd.

Patient's Bill of Rights

As a patient, you have the right to:

- Receive impartial medical treatment and care.
- Receive considerate and respectful care.
- Obtain complete and current information concerning your healthcare.
- Receive information to enable you to give informed consent prior to the start of any procedure or treatment.
- Collaborate and participate with your physician regarding your plan of care. You have the right to accept or refuse treatment to the extent permitted by law.
- Expect consideration of your privacy concerning your medical care.
- Expect confidentiality concerning your medical care and related records.
- Expect a response to your report of pain.
- Identification of all health professionals participating in your care.
- Review all charges related to your treatment.
- Inquire about financial assistance in paying your bill.
- Receive a reasonable explanation of Winchester Orthopaedic Associates, Ltd. rules and regulations that may apply to your conduct as a patient.
- Change specialty physicians.
- Communicate complaints or grievances.

Patient Responsibilities

As a patient, you have the following responsibilities:

- Provide a photo ID at the time of check-in to prevent potential identity theft.
- **Provide the information necessary for insurance processing. We ask you to verify your name, address, telephone number and insurance coverage at each visit. We may possibly request you to update your insurance information as frequently as every office visit, and we may ask for your insurance card(s) to do so.**
- Communicate with all healthcare providers and staff members within our office in a considerate and respectful manner. The use of foul language or aggressive behavior will be addressed by the Administrator and/or the Physician. This behavior is not socially acceptable and will not be tolerated in or on clinic grounds.
- **Provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health on a yearly basis, and possibly more frequently.**
- Ask if you do not understand your illness or treatment; request more information if you need it.
- Follow the treatment plan that is recommended for you. Let your physician know if you are not willing or not able to follow the treatment plan that is recommended for you.
- Participate actively in your continued care after you leave the Winchester Orthopaedic Associates, Ltd. and keep follow-up appointments.
- Keep your appointment. If unable to do so, please notify us with a 24-hour notice, when possible.
- Pay your co-pay at the time of service.
- Pay your Winchester Orthopaedic Associates, Ltd. bill promptly.
- Ask questions concerning your bill.
- Provide Winchester Orthopaedic Associates, Ltd. with a copy of your Advanced Medical Directive and/or Power of Attorney (if one exists). This/these document(s) will become a part of your medical record.
- Accompany any minor or mentally incapacitated patient and remain at Winchester Orthopaedic Associates, Ltd., until ready for discharge. A minor that appears for treatment without a parent or documented legal guardian will not be seen.
- Inform Winchester Orthopaedic Associates, Ltd. of any problem following treatment or surgery provided by the physician or advanced practitioner.

Reference: President's Advisory Commission on Consumer Protection and Quality in Health Care Industry (www.hcqualitycommission.gov/fina/append_a.html)