



130 MEDICAL CIRCLE  
WINCHESTER, VIRGINIA 22601  
PHONE: 540.667.7076  
FAX: 540.667.5773  
www.woaltd.com

50-C RIVERTON COMMONS DR.  
FRONT ROYAL, VIRGINIA 22630  
PHONE: 540.692.8977  
FAX: 540.749.2092  
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 reverse).**

### **Office Hours:**

#### Winchester:

Mon. 7:30a.m.-6:00p.m.  
Tue. 7:30a.m.-7:00p.m.  
Wed. 7:30a.m.-7:00p.m.  
Thurs. 7:30a.m.-6:00p.m.  
Fri. 7:30a.m.-3:00p.m.

#### Front Royal:

Mon. 7:30a.m.-3:00p.m.  
Tue. 9:00a.m.-7:00p.m.  
Wed. 7:30a.m.-3:00p.m.  
Thurs. 9:00a.m.-7:00p.m.  
Fri. 7:30a.m.-3:00p.m.

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

### **NEW PATIENTS:**

- Please arrive **15 minutes** before your scheduled appointment in order to complete required paperwork, and to allow our staff sufficient time to complete the intake process.
- 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.

### **If you're referred from a physician outside of Winchester Orthopaedic Associates, 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
- List of Medications
- Current X-rays or MRI studies you've had taken for your current symptoms (unless performed at a Valley Health facility).

**Office Visit – What to Expect:** Take time before your appointment to list questions or concerns you wish to review during your office visit. Your physical therapist will describe the nature and purpose of a procedure, possible methods of treatment or rehabilitation, and potential risks. Together, you and your therapist will identify a treatment plan that is most appropriate for you. Greater patient involvement increases the likelihood of a better outcome.

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

**Medical Record Requests or Form Completion:** A signed Medical Record Request/Form Completion 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](mailto:billing@jd-matthews.com)

## *Winchester Orthopaedic Associates - Physical Therapy*

### **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](http://www.hcqualitycommission.gov/fina/append_a.html))