

## **Alta Orthopedics PC: New Patient Packet**

### **Prior to your appointment**

- Please complete the attached New Patient paperwork. If you make an appointment through our online scheduling website, the packet will be sent to you via Email.
- You may print out and sign the forms below and bring them with you during your appointment.
- Be sure to read the Financial Policy, Notice of Privacy Practices, and Patient Policies prior to completing the acknowledgement.
- You will receive a phone call the day before your appointment reminding you of your appointment time.
- If for any reason you are unable to keep your confirmed appointment, please call our office to reschedule your visit to suit your needs.
- Note our telephone hours are Monday, Wednesday, Thursday, and Saturday 9 am to 5 pm, someone will be happy to assist you by calling 973-440-3444.

### **The day of your appointment**

- There are additional steps to the registration process that must be completed at the office on your first visit, so please be sure to arrive 30-minutes early with your completed paperwork so that you can make your appointment time.

## FINANCIAL POLICY

Alta Orthopedics PC is committed to providing you the best medical care. In order to achieve this goal, you must have a clear understanding of our financial policy which is important in order to sustain a professional relationship.

Payment Methods: Cash, Checks, Visa, MasterCard, and American Express.

Alta Orthopedics PC is proudly in-network with Medicare. We do not, however, participate in any commercial insurance. We are out of network for commercial insurance providers.

Our of Network Insurance Billing: It is your responsibility to know your out of network benefits and how they will apply to your treatment by the doctor.

Returned Checks: A \$25.00 fee will be charged for any returned checks. We will be unable to accept your check for any services thereafter.

Outside Collections and Payment Plans: If unable to make payment in full, contact the billing department immediately to make a payment plan. If the account is referred for collections, you will be responsible for the balance of your account plus a collection agency charge of the balance and reasonable attorney's fees. If your account becomes delinquent or is referred for collections, your provider and/or any collection agent of your provider has authorization to obtain your credit report to assist them in the collection of your bill.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

By signing this form, you acknowledge that you have received our “Notice of Privacy Practices” (the “Notice”). This Notice describes in detail how we might use or disclose your protected health information. The Notice also discusses your rights and our duties with respect to your protected health information. You have the right to review the Notice before signing this acknowledgment.

By signing this form, you further acknowledge that medical information collected at Alta Orthopedics, PC will be stored in a medical record system operated by Alta Orthopedics PC, and kept securely in line with state and federal regulations.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**MEDICATION ACKNOWLEDGEMENT OF DRIVING IMPAIRMENT**

(Not applicable for patients under 16 years of age)

While you are under the care of your Physician, you may be prescribed medication that could impair your ability to operate a motor vehicle, heavy machinery or equipment.

Please refrain from operating a motor vehicle under the influence of prescribed medications that impair judgment. Arrange for proper transportation and use the proper precautions when taking prescribed medications. If you have any questions, please ask your Physician or your pharmacist.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

DME ACKNOWLEDGMENT OF DRIVING IMPAIRMENT

(Not applicable for patients under 16 years of age)

While under the care of your Physician, you may be fitted into Durable Medical Equipment, or DME (Cain, Walking Boots, Shoulder Slings, etc). While the DME is to be utilized to protect or support your condition, by wearing the DME, it may impair your ability to operate automotive vehicles.

You might not be able to operate a vehicle safely due to the use of your DME, please arrange for proper transportation and use the proper precautions. If you have any questions regarding this matter, please ask your Physician.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

DIAGNOSTIC TESTING RESULTS

While under the care of a Physician/Provider with Alta Orthopedics PC, you may be sent to have diagnostic testing performed (MRI, CT-scan, bone scan, lab work). It is the patient's responsibility to return to the office to receive the results of any diagnostic testing. Most testing is completed at an outside facility. It is the patient's responsibility to obtain the results of all tests in addition to ensuring all outside results are sent to the Physician's office prior to the follow up appointment. Reports may be faxed to 973-440-3021.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



**New Jersey Out-of-network Consumer Protection, Transparency, Cost Containment and  
Accountability Act (“Act”) Disclosure and Acknowledgement Form**

Each provider in this office (“Provider”) hereby notifies you of the following:

- I. Provider is in-network with respect to the following health benefits plans: Medicare.
- II. Provider is out-of-network with respect to all health benefits plans not listed in I. above
- III. Provider is affiliated with the following facilities: The Livingston Surgery Center, Overlook Medical Center, St Barnabas, St Joseph’s Medical Center Paterson and Wayne campus, Millennium Health Care of Clifton, Northwell Lenox Hill Hospital, Midtown Surgery Center
- IV. You should be aware that, with respect to a Provider who is out-of-network with your health benefits plan:
  - a. You will have a financial responsibility applicable to the health care services provided by the Provider in excess of your copayment, deductible, or coinsurance, and you may be responsible for any costs in excess of those allowed by your health benefits plan; and
  - b. You should contact your carrier for further additional information those costs.
- V. Other Providers: Provider may refer you to, coordinate your care with or engage, or has referred you to, coordinated your care with or engaged, certain other providers, who are not employed by Provider’s practice, to render anesthesiology, laboratory, pathology, radiology or assistant surgeon services. A list of these providers and their contact information is enclosed herewith. You can determine the health plans in which the foregoing healthcare provider(s) participate by contacting them at their respective phone number. You should contact your carrier for further consultation on costs associated with this/these provider’s/providers’ services.
- VI. The receipt an acknowledgment of this disclosure shall not waive or otherwise affect any protection you may have under existing statutes or regulations regarding in-network health benefits plan coverage available to you or created under the Act.
- VII. If between the time of you were notified of Provider’s network status and the time of your procedure, the network status of Provider changes, then Provider shall promptly notify you of the same.