



HAND AND MICROSURGERY ASSOCIATES, INC.

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(614) 262-HAND
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www.handandmicro.com

Dear

Thank you for choosing Hand and Microsurgery Associates. Your scheduled

Appointment is on _____ @ _____ with Dr. _____.

We do request you complete the enclosed forms prior to your appointment and bring them with you to your appointment. Please arrive 30 minutes prior to your appointment.

The following information is required for your appointment:

- Insurance card(s) required (FACTA Rules & Regulations)
- Bureau of Workers compensation Identification number and card
- Drivers License or Photo ID required (FACTA Rules & Regulations)
- Listing of all medications
- Primary care physician name and address
- Co-payment or office visit fee – payment with Master Card, Visa, American Express, Discover, Check, or Cash.

Please bring all test results that you have had prior to your appointment which may include x-rays & reports, EMG report, MRI scans & report, CT scans & report, Arteriogram report, & PVR-DBI report. Should we not receive these results prior to your appointment it may cause a delay with your appointment.

If you are under the age of 18 you must be accompanied by a parent or guardian.

If there are any changes to your insurance please bring this information with you.

We are a surgical practice dealing with emergency situations, please plan on 2-3 hours for your appointment.

There is the possibility your physician may suggest a splint or have therapy done at Columbus Hand Therapy which is located adjacent to Hand and Microsurgery. These services are billed separately by Columbus Hand Therapy LLC. Columbus Hand Therapy also offers Wound Care supplies (see attached brochure). If your insurance provider

requires pre-authorization for therapy services it is your responsibility to obtain the pre-authorization for therapy services.

ADDITIONAL INFORMATION ABOUT HAND AND MICROSURGERY ASSOCIATES

OFFICE HOURS

Monday through Friday 8:30 a.m. – 5:00 p.m.

FOR APPOINTMENTS PLEASE CALL (614-262-4263)

Call to schedule an appointment. Making office visits convenient as possible for all our patients' means we do go out of our way to accommodate patient scheduling within 72 hours. If you need to cancel or reschedule an appointment please let us know at least 24 hours in advance or a \$35.00 fee will be assessed to your account.

AFTER HOURS

If you have a life threatening emergency, please dial 911. Should you need to contact our office during the evening or on week-ends, please call the daytime phone number. While we encourage you to call our office during regular business hours, we understand that health emergencies may occur at any time. We always will have a physician on call to help you in the event of an emergency. After office hours, calls will be answered via our on call physician.

PRESCRIPTION REFILLS

We recommend that you obtain your prescriptions and medication refills at the time of your regular office visit(s). If the need should arise that you do not have enough medication to last until your next appointment, you may call our office during regular office hours. Please have the name (and spelling) of your medication, strength, dosage, and pharmacy name, location, and phone number available to us at the time of your call. Make sure you leave your name, birth date, and a convenient number we can get back with you if clarification is required. Allow us 24-48 hours to process your request. Refill requests should not be made after office hours, week-ends, or holidays, so please do not allow your prescriptions to run out. Please bring a list of all your current medications (including over the counter and herbal medications) with you to your initial office visit.

BILLING PROCEDURE FOR WORKERS COMPENSATION ACCOUNTS

Hand and Microsurgery Associates will be happy to bill all charges incurred on your work related injury to the appropriate MCO or self-insured payer. Please bring all pertinent BWC billing information and claim number along with your personal health information to the receptionist at our front desk.

In the event your entire claim has not been approved or has been disallowed within three months, we reserve the right to bill all charges to you or your personal health insurance. If, during the course of your treatment, you are treated for a condition that has not been allowed in your claim, we will make every attempt to get the condition allowed through

your MCO or self-insured payer. If the condition has not been allowed within two months, we will bill your personal health insurance or you directly.

Hand and Microsurgery Associates, Inc. will assess a charge for all forms that need to be completed by our staff excluding BWC, Social Security, and Medicare forms. A \$10.00 charge for all single page forms, \$25.00 for multiple page forms, these charges are per request. All fees will be collected up front before forms will be completed. If forms are mailed, you will be contacted for payment before the forms will be completed.

Thank you,

Hand and Microsurgery Associates