



#### **Orthopaedic Surgery**

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#### **Neurosurgery**

Christopher Chittum, MD  
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#### **Pain Management**

James Behr, MD  
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### **~ WELCOME TO OUR PRACTICE ~**

Included with this letter are forms that will shorten your wait time on your first visit. Please complete them in their entirety and bring them with you. Your responsibility as our patient is as follows:

1. Please bring any X-Rays, MRI's, Bone Scans, CT Scans, or Nerve Conduction studies pertinent to your problem.
2. Include reports with all Studies.
3. If you have had surgery by another physician for the same problem (past or present) please make every effort to bring those operative notes / office notes to your appointment with us or have the notes faxed to our office.

In order for us to adequately treat you, if the above are not completed prior to your arrival, your appointment may be delayed or have to be rescheduled. Please contact our office if you should have any questions regarding the above request.

#### **BUSINESS OFFICE POLICIES**

The physicians at Carolina Orthopaedic & Neurosurgical Associates strive to restore our patients to a functional, productive, and active lifestyle. With this in mind, we have established a financial policy for our practice, which enables our office to concentrate on our obligations to your medical needs.

#### **PAYMENT**

If we participate with your insurance plan, we will file an insurance claim with your insurer. However, we expect patients to pay their share for our services as specified in your benefits contract. We will help you determine these amounts. We require **all** co-payments, co-insurance, and deductibles at check in; prior to seeing the physician. In cases where the insurer does not pay for supplies, we require payment of supplies upon receipt. On occasion, a patient may need surgical intervention or additional procedures. If you have health coverage, our office will file an insurance claim and our Billing Department will assist you with your payment schedule **PRIOR** to the procedure date. If we do not participate in your plan, we will be happy to see you. However, you will be responsible for payment arrangements.

Patients without insurance are advised that payment is due in full at the time of treatment as well as those of Liability cases against another party and any prior delinquent balances. If you are unable to handle this promptly, please discuss this matter with our front office coordinator **PRIOR** to treatment.

#### **REFERRALS**

Some insurance plans, such as HMOs, require a referral from your primary care physician for services rendered in our office. It is the responsibility of the **patient** to obtain a referral prior to receiving services. Claims denied due to a lack of referral are the financial responsibility of the patient.

#### **MEDICARE**

CONA is a participating provider with Medicare. Since Medicare will only pay 80% of the allowable charge, you will be responsible for the remaining 20%. We expect all accounts to be paid in full within 60 days after we receive Medicare's payment.

#### **WORKERS' COMPENSATION**

Prior to scheduling an appointment under Workers' Compensation, your employer or insurance carrier **must give written authorization to treat**. In addition to this authorization our Workers' Compensation Department must have the insurance billing information.

#### **DISABILITY STATEMENTS**

A \$10.00 processing fee is charged for the completion of any disability statements. These forms are completed in the order received and within ten (10) working days. There will be no charge for employee payroll forms and medical insurance forms.

#### **Cancellations or Missed Appointments**

If you do not cancel your appointment/procedure at least 24 hours in advance, or if you no-show, we will charge you \$30.00 for a missed appointment (including therapy appointments) and \$50.00 for a missed MRI, EMG or procedure/surgery.

Thank you for choosing our practice to assist you with your Orthopaedic / Neurosurgical / Pain Management needs. If there is an issue that has not been covered in this policy or you should need clarification, please call us.

#### **PLEASE NOTE OUR OFFICE LOCATIONS FOR YOUR CONVENIENCE**

When scheduling your appointment, please keep in mind that we do have 3 office locations in the Spartanburg / Duncan area. (See locations listed below). Please verify which location you would like to be seen (closest to your home or business).

#### **Hours of Operation / Emergencies / After Hours Care**

If you should encounter a medical emergency when the clinic is closed, call 911. If you have an urgent, but non-life-threatening medical condition or health problem that cannot wait until the normal clinic operating hours, you may contact our office hour answering service at our main phone number, 864-582-6396, press 0 or wait for the representative to assist you.

#### **North Grove Office**

1330 Boiling Springs Road, Suite 1600  
Spartanburg, SC 29303  
(864) 582-6396 Fax (864)542-2939

#### **Neurosurgery Office**

1075 Boiling Springs Road  
Spartanburg, SC 29303  
(864) 583-7265 Fax (864) 591-0422

#### **West Grove**

115 Deacon Tiller Court  
Duncan, SC 29334  
(864) 721-0025 Fax (864)721-0035