

# WELCOME TO OUR OFFICE

## Joan Takacs, D.O.

Physical Medicine and Rehabilitation

## John Takacs, D.O.

Osteopathic Medicine and General Practice

### OFFICE HOURS & APPOINTMENTS

The office is open Monday through Thursday from 8:00 am to 5:00 pm and Friday from 8:00 am to 12:00 pm.

All office visits, except emergencies, are by appointment. Please make separate appointments for each individual family member. When you call for an appointment, the receptionist will ask the nature of your problem in order to allow an adequate amount of time for your visit. We will make every effort to honor your appointment time. Occasionally, however, emergencies may cause unforeseen delays.

If you cannot keep your appointment, please cancel 24 hours in advance. **Appointments not cancelled at least 24 hours in advance for our Massage or Exercise Therapists will be charged \$60.00.**

### INSURANCE & BILLING INFORMATION

**If your insurance requires a referral, please contact your primary care physician prior to your scheduled appointment and confirm that a referral has been obtained for your visit with us.** If we do not receive the proper preauthorization, your insurance company can refuse payment. If we do not have an active referral at the time of your visit, we will ask you to pay for all the charges.

**Private pay patients will be required to make a \$75.00 deposit at each visit. This deposit will be applied towards the charges of services. The exception will be on our contracted co-payment plans. We do require that you satisfy any co-payment, deductible, non-covered services and any natural medications at the time of your visit.**

A \$100 deposit is required from all new patients being treated for a motor vehicle accident. Our practice accepts most Workers' Compensation insurance. We require you to furnish us with your regular health insurance information in the event the other carrier denies your claim. If you are on the Saif Caremark comp insurance please notify the medical assistant, as special billing arrangements will need to be made.

If you acquire an attorney to assist you with your claim, please furnish our office with the attorney's name and phone number so that we may assist them in handling your claim.

All patients are responsible for completely filling out a patient registration form for our office every year or any time there is a change in your information. Since we are extending you credit (you are receiving treatment prior to us being paid) **we require the following information from you: Current drivers' license or ID card, date of birth and Social Security Number.** If you do not wish to give us this information, we can see you on cash basis only and you will be responsible for sending claims to your insurance company.

So that we may most efficiently process your claims, **please bring a copy of any applicable insurance cards with you to every appointment.** While the responsibility for charges is yours, as a courtesy, we will bill your primary insurance carrier. As an additional courtesy, we will also bill your secondary coverage one time per date of service. Secondary information will need to be provided at time of service. An itemized statement of medical services rendered will be mailed monthly for private pay/self pay and once the insurance company has notified us. Our policy requires all accounts be paid within 30 days. If you are unable to pay your account in full within 30 days, please contact our business office at **503-234-6013.** For your convenience, we accept VISA and MasterCard.

### INSURANCE & BILLING INFORMATION CONT.

**There is a \$25 fee for all checks returned to our facility**

If you have a change in address, telephone number, or insurance carrier, please let us know so that we may correct our records and maintain current information.

**If we have to turn your account over to a collection agency, collection fees, attorney's fees and or any reasonable fees, may be included but not limited to an interest rate of 9% per annum from your original date of delinquency.**

**You may contact our billing office directly at 503-234-6013.**

### FEE SCHEDULE

Our fee schedules are comparable to the charges of other physicians in the same specialty. Fees for service vary with the amount of time required to deal with a problem. An estimate of charges for procedures and routine office calls will be quoted upon request. We are aware that occasional problems or misunderstandings arise regarding charges, so please feel free to discuss any questions with our business office or office manager.

### LAB INFORMATION

Some of the laboratory tests done in this office are performed by our facility, while others are sent to outside laboratories.

You will receive a separate billing for those tests done by the outside laboratories and should notify them if you have any questions or concerns regarding billing.

### PRESCRIPTION REFILLS

Please contact your pharmacy 48 hours in advance for all prescription refills. All hand written prescriptions require 48 hours notice as well.

Prescription renewals will be done during office hours only, as the doctor on call may not be acquainted with your problem.

### TELEPHONE CALLS

Our phones are on from 9:00 am to 12:00 pm and 1:30 pm to 5:00 pm, Monday through Thursday, and 9:00 am to 12:00 pm on Friday.

### MEDICAL RECORDS

Because your medical records are confidential, we will release information only if we have your written authorization, or in accordance with our Notice of Privacy Practices for continuity of patient care. You have a right to receive a copy of our most current NOTICE in effect. If you have not yet received a copy of our current NOTICE, please ask at the front desk and we will provide you with a copy.

### THANK YOU

We appreciate the opportunity to serve you. We strive to operate as a team and take great pride in our training, knowledge, and capabilities.

We hope that you will develop this same confidence. Again, please let us know if you have any questions regarding the delivery of your health care services.