

**Coeur d’Alene Spine and Brain, PLLC**  
**Policies Acknowledgement Form**

Please read the following information regarding your care and patient responsibility at Coeur d’Alene Spine and Brain. You will be asked to sign on the second page indicating you have read and understand the policies, procedures and your financial responsibility as a patient.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Patient Financial Responsibility**

Coeur d’Alene Spine and Brain appreciates the confidence you have shown in choosing us to provide for your health care needs. The service(s) you have elected to participate in implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees. As a courtesy, we will verify your coverage and bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill.

Coeur d’Alene Spine and Brain, PLLC is contracted with the following: **Medicare, Medicaid of Idaho, Blue Cross of Idaho, Regence Blue Shield of Idaho, First Choice Health Network, Group Health (Dr. Michael Ludwig and Imaging Services ONLY), WA L&I (Imaging Services ONLY).**

You are responsible for payment of any deductible and co-payment/co-insurance as determined by your contract with your insurance carrier. We expect these payments at the time of service. Many insurance companies have additional stipulations that may affect your coverage. You are responsible for any amounts not covered by your insurer. If your insurance carrier denies any part of your claim, or if you or your physician elects to continue past your approved period, you will be responsible for your balance in full.

**Prescription Refill Policy**

Coeur d’Alene Spine and Brain providers will not fill prescriptions after set hours or on weekends. Post-surgical patients will receive prescriptions for a set period of time depending on their surgery and their adherence to the prescription directions. After this time period it is the patient’s responsibility to make any necessary arrangements with their primary care physician for any further refills. NOTE: New law mandates that narcotic medications will only be filled with a written prescription. We are no longer able to call in these types of prescriptions. Prescriptions will need to be picked up in the office by the patient, unless the patient has notified the office in writing of their request to allow another individual to pick up the prescription. In those instances, the authorized individual will need to bring in their ID in order to pick up the prescription. Patient’s picking up their own prescription will also need to bring a valid photo ID in order to pick up the prescription. It is your responsibility as a patient to manage when you will need a refill and notify the office in a timely fashion. Refills for non-narcotic medications should be phoned into the pharmacy to request any needed refills. Prescription refills will only be filled in accordance with the office policy (which is posted and may be subject to change). Please take time at each office visit to ensure that you are current on any prescription policy changes (both state mandated and internal).

**Co-Pay Policy**

Some health insurance carriers require the patient to pay a co-pay for services rendered. It is expected and appreciated at the time the service is rendered for the patients to pay at EACH VISIT. Thank you for your cooperation in this matter.

**Cancellation/ No Show Policy**

We understand there may be times when you miss an appointment due to emergencies or obligations to work or family. However, we urge you to call 24-hours prior to cancelling your appointment. Patient’s who “no show” without advance warning for two consecutive appointments may be discharged from care. Coeur d’Alene Spine and Brain will notify you in writing, via certified mail, if you are discharged from care.

**Self-Pay**

Patient’s that do not have health insurance will be responsible for payment of services rendered here at Coeur d’Alene Spine and Brain. The patient will be responsible to pay Coeur d’Alene Spine and Brain the full and entire amount of treatment given to them or to the above named patient at each visit.

**Motor Vehicle Insurance (PIP)**

Patient’s wishing to file claims through a motor vehicle carrier, are responsible for ANY bills incurred that are not covered and/or paid for using the PIP benefit through the motor vehicle insurance.

Patient Initials: \_\_\_\_\_

Date: \_\_\_\_\_

# Coeur d'Alene Spine and Brain, PLLC

## Policies Acknowledgement Form

### Self Referral Notice (Imaging Services)

Pursuant to Section 6003 of the Patient Protection and Affordable Care Act (PPACA), with respect to referral for magnetic resonance imaging (MRI), the referring physician must inform a patient in writing at the time of the referral that a patient may obtain the service from a person other than the referring physician or someone in the physician's group practice. Coeur d'Alene Spine and Brain is pleased to be able to provide you with convenient and timely scheduling of your MRI. Having the capability of an ACR accredited MRI in-house has allowed our physicians to treat patient's more quickly, conveniently and competently at a competitive price. We take pride in delivering high quality services. There are other medical facilities in our immediate area that provide similar services. Kootenai MRI 2003 Kootenai Health Way, Coeur d'Alene ID 83814 (208) 666-2190 (Joint venture with KMC) ; Kootenai Outpatient Imaging 700 Ironwood Dr. Ste. 110, Coeur d'Alene ID 83814 (208) 666-3200 (Joint venture with KMC) ; Kootenai Outpatient Imaging-Post Falls 1300 E Mullan Ave. Ste. 700, Post Falls ID 83854 (208) 777-1305 (Joint venture with KMC), Northwest Specialty Hospital 750 N Syringa, Post Falls ID 83854 (208) 262-2390. If you would like to receive services at another facility, please notify our staff and they will be happy to provide you with a referral.

### Self Referral Notice (Pleasant View Surgical Center)

Pursuant to Section 6002 of the Patient Protection and Affordable Care Act (PPACA), with respect to transparency reports and reporting of physician ownership or investment interests, CDA Spine and Brain would like you to be aware that Pleasant View Surgery Center is owned in part by physicians. Jeffrey Larson, M.D. and Michael Ludwig, M.D. are part owners in the surgery center. CDA Spine and Brain providers may choose to refer you to have your surgery/procedure done at Pleasant View Surgical Center and may also be performing your surgery or other services in connection with your referral. Please discuss this matter with your physician so that you may exercise your right to be treated in another health care facility if desired. Upon your request, your physician will provide names and addresses of alternative facilities where you may go to obtain services.

### Consent for Treatment and Authorization to Release Information

I am aware that by signing below, I authorize Coeur d'Alene Spine and Brain, through its appropriate personnel, to perform or have performed upon me, or the above named patient, appropriate assessment and treatment procedures.

I also authorize Coeur d'Alene Spine and Brain, to release to appropriate agencies, any information acquired in the course of my or the above named patient's examination and treatment.

To help protect our patient's privacy, Coeur d'Alene Spine and Brain requires patient's to sign a medical records release prior to releasing any records. We understand that there are situations where another medical provider might need pertinent information in order to expedite your medical care. To help you receive timely care, Coeur d'Alene Spine and Brain will release medical information via verbal and written requests from other physician's offices without a signed release.

By signing below, I am aware that Coeur d'Alene Spine and Brain will do their best to protect my confidential information, but I understand that it is possible for someone to misrepresent themselves by telephone and/or forgery and that my right to privacy may be compromised.

### Notice of Privacy Practices (HIPAA)

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Lisa R. Watkins, Administrator. Our Notice of Privacy Practices (HIPAA) describes in more detail how your health information may be used and disclosed, and how you can access your information. If you would like a copy for your records you may request one from the front desk or you may download a copy on our website [www.cdaspine.com](http://www.cdaspine.com).

I hereby authorize that I have read the Coeur d'Alene Spine and Brain Policies Acknowledgement Form in its entirety (2 pages) and understand my responsibilities and options as a patient.

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

Date: \_\_\_\_\_

Guarantor Signature : \_\_\_\_\_

Date: \_\_\_\_\_

(if guarantor is not the patient)