*If you have any questions please do not hesitate to ask. A personal copy of these office policies is available to you by request.

CONSENT TO TREAT

You request and consent to the provision of health care services for yourself or your minor child by the staff of Northern Indiana Hand & Wrist Center (NIHW). Services provided may include examinations, diagnostic tests, injections and other procedures rendered by or under the general or special supervision of a physician.

This authorization is given in advance of any specific diagnosis, treatment or care being required. Following informed consent with your provider, you give permission for any medical or surgical care and treatment which the physicians, in the exercise of their best judgment and may deem advisable.

It is your responsibility to check with your insurance company to determine whether or not any treatment is a covered benefit and if treatment is denied or not-covered, you are responsible for the charges.

No guarantees are being made to you as a result of the examinations, treatments or tests provided in this office.

PRESCRIPTION REFILLS

Due to prescribing laws, narcotics may not be refilled. All narcotics require a new, written prescription and must be picked up at our office. You may require an office visit to receive narcotics after your first post-operative prescription. If you are under the care of a pain management specialist, no prescriptions will be made by our office without the pain management doctor's written authorization.

IF YOU ARE LATE OR MISS YOUR APPOINTMENT

If you are going to be more than 15 minutes late, please call our office at 574-968-2832. We make every effort to accommodate late arrivals, but you may be asked to reschedule your appointment. If arriving late, wait times may be longer than usual.

It is in your best interest to either (a) come to your scheduled appointments, or (b) provide 24 hours' notice if you have to miss an appointment. Patients who cancel or reschedule with less than 24 hours' notice or are "no shows" may receive a letter of dismissal from our practice after three (3) missed office appointments or after (1) missed surgery appointment.

MEDICAL INFORMATION RELEASE (OPTIONAL)

You hereby authorize NIHW to release any medical, billing and appointment information to the following persons (eg: spouse, mother/father, children, etc.).

Name (List Emergency Contact First)	Relationship	Phone #

1._____

2. _____

3. _____

This authorization is valid for one year, and you may revoke it in writing. If you do, it will not affect any actions already taken by NIHW based upon this authorization. You may not be able to revoke this authorization if its purpose is to obtain insurance. Two ways to revoke this authorization are: (1) fill out a revocation form available from NIHW OR (2) write a letter to NIHW. Once NIHW discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

→ ***Please initial that you have read, understand and agree to the above*** _____

MEDICAL RECORDS

Medical record charges are made in accordance with current state statute. These charges will be applied charges EACH time you request your records unless they are being provided directly to your referring physician or to a physician or facility to which NIHW refers you.

If your medical records are requested, we charge according to Indiana State Statute 760 IAC 1-71-3: $1.00 per page for the first 10 pages; $0.50 per page for pages 11 – 50; $0.25 per page for pages 51+. Actual postage is also charge. If records are required within 48 hours, an additional $10 will be charged. Discs with X-ray images are $5 each.

FMLA / MEDICAL / DISABILITY/ ACCIDENT COVERAGE FORMS

YOU:

- You must submit a signed medical release with any form requiring completion.
- You must have had an office visit with Dr. Mahon within the 4 weeks prior to submitting the form.
- You must be compliant with the treatment plan you agreed upon with the doctor (i.e.: if occupational therapy was agreed upon twice per week, you must be attending twice per week).
- You may or may not agree with the information we provide.
- You may or may not receive the benefits for which you are applying.

NIHW:

- Is legally required to provide truthful, complete information.
- Rarely provides any patient with a status of "totally", "completely" or "permanently" disabled. Conditions or injuries that may contribute to these statuses may include amputations, crush injuries or mangling injuries.
- Will not, under normal circumstances, change or otherwise modify the information we provide on these form submissions.
- Will not recommend any treatment that isn't medically necessary so that benefits can be obtained, extended or otherwise changed.
- Will not complete these special forms during an office visit.
- **Will collect a $25 fee prior to completing and/or releasing any form.** Included in this fee are three (3) instances of form submission. If you require four (4) or more submissions, there is a $25 fee per form, per occurrence.
- NIHW will do one of the following with completed forms: (1) mail them to your home address within two weeks of receipt; (2) fax them to the organization requesting information; or (3) prepare them for pick-up in our office during regular business hours.
- If you require a turn-around time of 48 hours or less, an additional $25 will be assessed.

Security Information

May we leave a message on your home phone? ◯ YES ◯ NO
May we leave a message on your cell phone? ◯ YES ◯ NO
May we call you / leave a message at your work? ◯ YES ◯ NO
May we contact you via email? ◯ YES ◯ NO Email Address: _____

**Do not email us any private health information, insurance id numbers or dates of birth. Use the patient portal.*

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND THE INFORMATION, HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS, AND AGREE TO THE ABOVE.

_____ _____
Name of Patient Responsible Party Name (if patient is a minor child)

_____ _____
Signature Date

Updated: March 14, 2017