UPPER BUCKS ORTHOPAEDICS AT GRAND VIEW HEALTH

When seeking medical treatment, patients for their own well being, not only need to understand their medical condition, but also their financial liability. We are here to aid in your financial claim processing, but ultimately it is the patient's responsibility for outstanding balances.

We thank you in advance for taking the time to review these policies and appreciate your compliance and cooperation.

Please feel free to discuss any concerns or questions you may have with our billing staff.

Things to bring with you to your visit

- Health Insurance Card (will be checked at every visit)
- Drivers License
- Method of payment – for your convenience we accept cash, check, debit and credit card. The credit cards we accept are Visa, Master Card and Discover.

Patient out of pocket expenses

- We are obligated to collect the co-pay at the time of your visit. This is a requirement of your insurance plan. Remember to stop at front desk each visit to pay your co-pay.
- Any co-pays not paid at time of service are subject to a $10 billing fee.
- All payments are due at the time of service.
- For self pay, deductible, or other large amounts we offer Care Credit, credit cards or monthly payment plans for your convenience.

Patient Responsibility

- Minor patients: For all services rendered to minor patients, we will look to the accompanying adult for payment.
- It is the patient's responsibility to provide UBOA with the most up to date insurance information.
- It is also the patient's responsibility to verify benefits of their policy
- We are not liable for any misquoted benefit information. You are fully responsible for verifying benefits of your policy.

Full Pay

- We offer a reasonable discount for cash pay/fee for service patients who have no health insurance coverage.
- Payment in full is expected at the time of visit unless prior arrangements have been made with the billing department.
- You will be asked to sign a waiver stating that you have no health insurance coverage and will not be filing a claim with any health insurance carrier or third party payer.
- We understand you may be applying for Medical Assistance to help defray these costs. We will expect monthly payments on your account until you can prove you have been enrolled for coverage with MA. Any monies collected for services rendered after your eligibility date will be refunded. You are responsible for informing us when you become active with MA.

HMO plans

- A valid referral is required at the time of service prior to being seen. This is a requirement of your insurance plan.
- If you do not have a referral at the time of your visit, you will be asked to sign a waiver stating you are aware that you are responsible for payment upon check out on that day.
- If a valid referral is obtained and your insurance company reimburses the correct amount, you will be refunded all monies due.

UPPER BUCKS ORTHOPAEDICS AT GRAND VIEW HEALTH

Litigation cases

- We do not get involved with any litigation accounts, disputed work comp cases, divorce decrees or auto accidents. You will be 100% responsible for any balances due.

Returned checks

- There is a $25 fee for all returned checks.
- Payments after a returned check are cash or credit card only.

Credit card payment plan policy

- You will be asked to review and sign our credit card on file policy and authorization form.
- Your credit card will be billed for fees not covered by your insurance and according to the agreed upon monthly payment plan.

Outstanding balances/Collections

- Prior to providing additional services to you, payment in full of total outstanding balances will be required.
- Patients with two or more delinquent accounts, or delinquent accounts greater than $500, will be discharged from the practice.
- Billing statements will be mailed for balances that are denied or deemed patient responsibility. Payment is expected within three weeks of the billing date. If no payment has been received a second statement will be sent. In the event a third statement is required, additional collection steps will be taken. Your failure to make payment may result in your account being turned over to a third party collection agency who reports to the credit bureau.

Refunds

- Refunds are issued to the appropriate party. Patient refunds will not be processed until all active or past due charges are paid in full. Refunds of less than $5 will not be issued.

I have read and understand Upper Bucks Orthopaedics' financial policy.

______________________________	______________________________	____________________
Printed Name	Patient name if minor	(DOB of Patient)

____	__________
Signature	Date

Relationship to patient: ____ Self ____ Parent ____ Other ______________________

Upper Bucks Orthopaedics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Upper Bucks Orthopaedics at Grand View Health

HIPAA Acknowledgement Form

I, ______________________________, DOB: ____________, understand that as part of my health care, UBO at GVH originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment,
- A means of communication among the many health professionals who contribute to my care,
- A source of information for applying my diagnosis and surgical information to my bill,
- A means by which a third-party payer can verify that services billed were actually provided, and
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

I further understand that UBO reserves the right to change their notice and practices in accordance with Section 164.520 and 164.506 of the Code of Federal Regulations.

Please list the individual(s) with whom we may discuss your medical information:

____

____

Please list the individual(s) with whom we may discuss your billing statement/payment arrangement:

____

Upper Bucks Orthopaedics reserves the right to leave messages on the home/cell telephone numbers that you have filled out on your registration form unless you specify otherwise.

____

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax. I have been provided with a *Notice of Privacy Practices* that provides a more complete description of information uses and disclosures.

____ ________________________

Signature of Patient (or Patient's Legal Representative) Date

Personal Representative Information (if applicable)

____

Name of Personal Representative

____

Relationship to Patient (or other authority)

Upper Bucks Orthopaedics at Grand View Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Name: ______________________

Date of Birth: ____________

Date: ____________

GVH GRAND VIEW HEALTH

UPPER BUCKS ORTHOPAEDICS AT GRAND VIEW HEALTH

ALLERGIES: Please list all Medication allergies and the reaction to that medication(s) ☐ **No Known Allergies**

MEDICATION	***REACTION***

Medications: Please list all medications you take on a daily basis, including over the counter medication (including vitamins and herbal supplements) and birth control pills OR: ☐ No Medications Taken

Name of Medication	**Dosage (mg, units, etc.)**	**How Often Taken**

Past Medical History: Please check all that apply: ☐ **No known Medical Conditions**

☐ History of MRSA
☐ Diabetes
☐ Bleeding Disorder
☐ Pulmonary Embolism
☐ DVT (blood clot in leg)
☐ Hyperthyroid
☐ Leukemia/Lymphoma
☐ Sleep Apnea/CPAP
☐ Hiatal Hernia
☐ Stomach Ulcers
☐ Coronary Artery Disease
☐ Pacemaker

☐ Heart Murmur
☐ Stroke
☐ High Blood Pressure
☐ Asthma
☐ Emphysema/COPD
☐ Irritable Bowel
☐ Pneumonia
☐ Tuberculosis
☐ Peripheral Vascular Disease
☐ Kidney Stones
☐ High Cholesterol
☐ Reflux
☐ Heart Attack

☐ Hepatitis
☐ Liver Disease
☐ Anxiety
☐ Depression
☐ Glaucoma
☐ Macular Degeneration
☐ Migraines
☐ Benign Prostatic Hypertrophy
☐ Rheumatoid Arthritis
☐ Cancer: Type ____________
☐ Osteoporosis
☐ Osteopenia
☐ Other: ____________

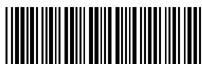
Past Surgical History: Please check all prior surgeries you have had and specify type:

☐ NO PRIOR SURGERIES
☐ AICD/Pacemaker
☐ Angioplasty/stent
☐ Hand surgery: ____________
☐ Knee surgery: ____________
☐ Foot: ____________
☐ Ankle: ____________

☐ Tonsillectomy/adenoidectomy
☐ Other Heart: ____________
☐ Vascular: ____________
☐ Shoulder: ____________
☐ Spine: ____________
☐ Eye: ____________
☐ Hip: ____________

☐ Breast: ____________
☐ Appendectomy
☐ C-section
☐ Wisdom teeth
☐ Gallbladder
☐ Hernia repair
☐ Hysterectomy

☐ Other Surgeries: ______________________________



Name: ______________________________

Date of Birth: ______________

Date: ______________

GVH GRAND VIEW HEALTH

UPPER BUCKS ORTHOPAEDICS AT GRAND VIEW HEALTH

Family History: Check any of the following diseases that are in your immediate family:

Mother	Father	Brother	Sister	Son	Daughter
☐None ☐Cancer ☐Bone Cancer ☐Lung Disease ☐Diabetes ☐Rheumatoid Arthritis ☐Heart Disease ☐Anesthesia Complications	☐None ☐Cancer ☐Bone Cancer ☐Lung Disease ☐Diabetes ☐Rheumatoid Arthritis ☐Heart Disease ☐Anesthesia Complications	☐None ☐Cancer ☐Bone Cancer ☐Lung Disease ☐Diabetes ☐Rheumatoid Arthritis ☐Heart Disease ☐Anesthesia Complications	☐None ☐Cancer ☐Bone Cancer ☐Lung Disease ☐Diabetes ☐Rheumatoid Arthritis ☐Heart Disease ☐Anesthesia Complications	☐None ☐Cancer ☐Bone Cancer ☐Lung Disease ☐Diabetes ☐Rheumatoid Arthritis ☐Heart Disease ☐Anesthesia Complications	☐None ☐Cancer ☐Bone Cancer ☐Lung Disease ☐Diabetes ☐Rheumatoid Arthritis ☐Heart Disease ☐Anesthesia Complications

Social History: Check one that applies

Marital status:	☐Married	☐Single	☐Divorced	☐Separated	☐Widowed
Employment:	☐Student	☐Unemployed	☐Employed	☐Retired	☐Disabled
Tobacco History:	☐Never a Smoker	☐Daily Smoker	☐Occasional Smoker	☐ Former Smoker	
Alcohol History:	☐Never Drinks	☐Currently Drinks	☐Drank in past only		

Please check the reason for **today's appointment**: Include Right (R), Left (L) or Both (B) where applicable

Hip	☐L ☐R ☐B	Groin	☐L ☐R ☐B	Pelvis	☐
Thigh	☐L ☐R ☐B	Shin	☐L ☐R ☐B	Finger:	____________
Shoulder	☐L ☐R ☐B	Clavicle	☐L ☐R ☐B	Upper Arm	☐L ☐R ☐B
Elbow	☐L ☐R ☐B	Forearm	☐L ☐R ☐B	Toe:	____________
Hand	☐L ☐R ☐B	Wrist	☐L ☐R ☐B	Heel	☐L ☐R ☐B
Knee	☐L ☐R ☐B	Calf	☐L ☐R ☐B	Back	☐Upper ☐Middle ☐Lower
Ankle	☐L ☐R ☐B	Foot	☐L ☐R ☐B	Neck	☐

Other: ____

Date of Injury/When Symptoms Started: ______________ Where injury occurred: ____________________

Work Related? ☐ Yes ☐ No Motor Vehicle Accident? ☐ Yes ☐ No

Describe, **in DETAIL**, injury or reason for visit: ____

____

Did you have any prior studies related to this visit? ☐ Yes ☐ No If yes, where? ____________________

REVIEW OF SYSTEMS: Have you had any of the following in the **last 6 months**? Please answer at **each** category.

Constitutional: ☐ none ☐ weight loss ☐ weight gain ☐ fever ☐ chills ☐ snoring

Eyes: ☐ none ☐ vision change ☐ blurred vision ☐ eye pain

Ears/Nose/Throat/Neck: ☐ none ☐ sore throat ☐ nose bleeds ☐ dizziness

Cardiovascular: ☐ none ☐ chest pain ☐ palpitations ☐ shortness of breath ☐ light headed when standing

Respiratory: ☐ none ☐ wheezing ☐ chest congestion ☐ coughing up blood ☐ cough

Gastrointestinal: ☐ none ☐ constipation ☐ frequent diarrhea ☐ vomiting ☐ abdominal pain

Genitourinary: ☐ none ☐ urinary incontinence ☐ hematuria (blood in urine) ☐ urinary frequency/urgency

Musculoskeletal: ☐ none ☐ muscle weakness ☐ stiffness ☐ arthralgias (joint pain) ☐ back pain

Integumentary: ☐ none ☐ rash ☐ lesions ☐ wounds ☐ skin ulcer

Neurologic: ☐ none ☐ weakness ☐ tremor ☐ memory loss ☐ convulsions ☐ tingling ☐ numbness

Psychological: ☐ none ☐ anxiety ☐ depression ☐ memory loss ☐ confusion

Endocrine: ☐ none ☐ fatigue ☐ flushing ☐ heat intolerance ☐ cold intolerance

Hematologic / Lymphatic: ☐ none ☐ abnormal bleeding ☐ easy bruising ☐ swollen glands

Upper Bucks Orthopaedics at Grand View Health
Board Certified Orthopaedic Surgeons
P 215-257-3700
F 215-257-0360

GVH Outpatient Center
915 Lawn Ave., Main Floor, Sellersville, PA 18960

Harleysville Outpatient Center
270 Main Street, Suite 2, Harleysville, PA 19438

Health Center at Quakertown
99 N. West End Blvd., Suite 108, Quakertown, PA 18951

The Pavilion
419 S. Broad Street, Unit 4, Lansdale, PA 19446

Upper Bucks Orthopaedics at Grand View Health Narcotic Agreement

It is the goal of Upper Bucks Orthopaedics at Grand View Health to provide the best care possible for our patients. In order to reach this goal, it is necessary to provide information to keep our patients informed. Although this letter probably addresses only a few of those who read it, we feel it is important to have this policy available to you.

Our office policy on the use and prescription of narcotics is as follows:

No new narcotic or refill prescriptions will be called in or addressed after 4:00 PM on weekdays or during the weekend – NO EXCEPTIONS. If you feel that you are going to run out of your prescription, please phone us 48 hours prior so your physician may review the request before you run out.

Office Visits:

- NO narcotics will be prescribed for chronic pain. However, narcotics may be prescribed for acute injuries, typically when they are less than one week old.
- If you are under the supervision of a pain management physician, we require you to disclose this information to us on your first visit. Failure to do so would be fraud, and would violate your contract with your pain management physician.

Post-operative and treatment for acute injuries:

- Narcotics will only be prescribed for a period up to **1-3 months** after a surgical procedure (dependent upon the type of procedure performed), and for acute injuries. There are, of course, the occasional exceptions to the rule. We may need to see you to reevaluate your condition prior to renewing your prescription. We may require you are re-evaluated at a minimum of every 3 months prior to any narcotic prescription renewal.
- If you are on chronic narcotics from a pain management physician, you will need to receive your post-operative pain medicine from that physician, unless pre-arranged with us prior to your surgery.
- We will require you to provide a pharmacy on file where all medications will be filled by our office.

As part of keeping our patients informed, we want to make you aware of the reasons why we limit the use of narcotics.

1. Severe postoperative/post injury pain that would require narcotics will usually reduce significantly by 2-3 days after surgery or injury and is typically gone by 10-14 days or 3-4 weeks for more invasive procedures. Postoperative need for narcotics longer than this period may signal complications that need more direct or specific treatment instead of covering up the problem. Typically, however, it is known that a longer need for narcotics more often than not means that you are up doing too much and “chasing” it with narcotics. Although you may desire to be active, it is possible to be “too active.” You need to listen to your body and respond to it. Overall, you will recover more quickly reducing your activities so that your pain is controllable without the need for narcotics. After all, your goal is to make the best recovery from your surgery or injury you can.

2. After 3-7 days, your brain wants to and is supposed to kick in and manage the pain naturally. This is the best way to manage medium and long-term soreness and milder pain. Narcotics are known to block this normal process.
3. Narcotics are proven to be habit forming. Dependency on pain medication can start in as little as 2 weeks after beginning their use. We cannot tolerate allowing this to happen.

In addition, The Drug Enforcement Administration monitors and collects data on narcotics dispensed by a physician. An orthopaedic surgeon is not expected to prescribe narcotics long term. We agree with this policy. Therefore, if you are receiving narcotics from your previous physician or primary care physician, you will need to continue that.

Pennsylvania has instituted the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). This system is a powerful new tool to help combat the opioid epidemic. It is important for you to know that prescribers are required by law to search the PDMP for each patient each time a controlled substance is prescribed, or if there is a reason for concern with your medications. Upper Bucks Orthopaedics will comply with this new rule if a controlled substance is prescribed for you as a patient.

We do not deny that you often have pain; however, it is necessary to be aware of your own ability to tolerate pain and the need to rely on this process in a timely manner. We have created this policy to assist in assuring that our patients receive the best care possible and we appreciate your assistance in enforcing it.

If you have any questions regarding our office policy on the use of narcotics, feel free to contact us so that we can discuss it. In addition, if you feel you need help with long-term (chronic) pain control, we will be happy to guide you to a pain management specialist.

There may become instances when a patient is required to sign a separate narcotic policy if Upper Bucks Orthopaedics is prescribing long term narcotics. Again, our concern is to provide you with the best results possible.

The Physicians and Staff of Upper Bucks Orthopaedics at Grand View Health

_______________________________ _______________________

Patient Name (Printed) Date of Birth

_______________________________ _______________________

Patient Signature Date

_______________________________ _______________________

Personal Representative Information (if applicable) Date

____

Relationship to Patient

Revised: 9/16/2020

GVH GRAND VIEW HEALTH

700 Lawn Avenue
Sellersville, PA 18960
(215) 453-4850

Patient Portal Enrollment Form

Please complete the information below. A Grand View Health representative will set up your portal account and you will receive an email to the email address provided below with instructions to complete your enrollment within the next 2-3 business days.

I understand that patient information within the portal may include information relating to acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection, Behavioral Health services/psychiatric care, or treatment for alcohol and/or drug abuse.

Should you like to access patient information for someone other than yourself, please fill out an Authorization for Proxy Access to GVH Patient Portal form.

Patient Name ____

Address ______________________________ City ____________ State _____ Zip Code __________

Date of birth (month/day/year) _____ / _____ / _____

Phone Number: ____________________

Medical Record # (if available) ____________________

Email address ____

Verify Email address ____

Signature ______________________________ Date __________

FOR STAFF USE ONLY

Patient name as shown in EMR: ______________________________

Medical Record # as shown in EMR: ______________________________

DOB as shown in EMR: __________

ID Verified by: ______________________________

Enrollment completed by: ______________________________
(Print Name)

☐ Patient Identification
☐ Photo ID
☐ POA Provided
☐ Office
☐ Patient Registration
☐ Health Information Management

Please present completed Patient Portal Enrollment Form to the Health Information Management Department with photo ID.