



William H. Megdal, M.D.
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POLICIES

THE NEW PATIENT

REFERRAL

Our physicians work closely with the patient's other physicians. Therefore, patients are accepted on a referral basis only. Referring physicians are provided with information defining our specialty and treatment we provide to the patient. If the referral is questionable as to whether our specialty provides the treatment that would meet the patient's needs, the referring physician may submit medical records and reports (recent MRI) for determination as to whether the referral is appropriate. Our physician reviews the medical records and determines if the patient would be a candidate for the interventional pain management procedures we offer. Patients who are not candidates for injections will probably be best treated in another setting. We try to screen the patients prior to the initial consult to determine which patients will best be served by our specialty and ensure timeliness of placing the patient appropriately for treatment.

When a referral is made and the patient is scheduled for an initial consult, the following information should be forwarded to our office as soon as possible: (1) medical records (2) recent MRI report, (3) demographic information, (4) patient insurance information, and (3) insurance authorization of the referral. If all this information is not received two business days prior to the scheduled appointment, the patient will be rescheduled to allow time for the information to reach our office.

PATIENT INFORMATION FORMS

All patient forms including *New Patient Information forms* are available on our web site (to download and print) or may be picked up at our office. If there is ample time to receive the form(s) by mail, the patient may request the forms be mailed. All appropriate forms should be completed prior to the appointment, otherwise, the patient should arrive at the office 30 minutes prior to the appointed time to allow time to complete the forms. We require a photo id, copies of all insurance cards and a detailed list of all medications (or bring the medications with you).

INITIAL CONSULT

The initial visit will be a consult visit only. Drug testing will be performed on all new patients. The physician will review your medical records and your medical history, perform a physical exam and make an assessment and plan for your treatment. The plan options will be discussed with you in detail by the physician and he will probably schedule you for a procedure. **No procedure(s) will be performed during this visit.** Our physicians need the opportunity to exam you and review your medical history to determine what procedure(s) would best treat your problem(s). Additionally, procedures are not performed on the initial visit due to insurance requirements for prior authorization of procedures.



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FOLLOW UP VISITS AND PROCEDURES

PROCEDURES

Our physicians perform interventional pain management. In all likelihood you will be scheduled for a procedure involving injections. The different procedures that we perform are listed in the **Procedures** section and you may click on each individual procedure for short video describing the procedure and the purpose of the procedure. You may also review the **Post Procedure Instructions** listed on the web site. The **Informed Consent** for procedures is listed in the **Forms** section. You are required to have someone accompany you for all procedure visits to drive you home. You will not be sedated for the injections but your legs might feel shaky and as a safety precaution, you should not operate any machinery or drive for several hours following the procedure. Plan on sedentary activity the day of your procedure. Ask for specific instructions from the clinical staff. When you improve, please use common sense and gradually increase your activity. Some patients experience increased pain for 24-48 hours after an injection.

Cervical procedures and discograms are the only procedures that require fasting (no eating or drinking) six hours prior to the procedure. You will specifically be advised if fasting is required.

If you are on any type of blood thinner, please consult with our clinical staff to determine (1) if you are required to discontinue those medications a week before your procedure or (2) if a test will be required prior to the day of your procedure to determine if the procedure can be performed.

APPOINTMENT SCHEDULING

Appointments are required and a specific appointment time is allotted for each office visit and procedure. We make every effort to schedule your appointment as timely as possible. However, when our schedule is full we maintain a wait list for those who request appointments earlier than the available appointment schedule. If you are unable to keep your appointment, please notify our office at least 24 hours prior to the appointment. Failure to do so will result in charges for the missed appointment. Advance notification allows scheduling of another patient who is on our wait list.

PHONE CALLS

There are problems and issues which cannot be handled over the phone. You will be required to schedule an appointment for those issues. Please refer to the **Phone Call Policy** under **Patient Information** section to determine appropriate requests.

DRUG TESTING

Part of our evaluation of a new patient routinely includes a drug test. We also perform drug test on patients when indicated in the physician assessment and plan. Additionally, we utilize a random testing that is computer generated by an outside source (usually the lab).

A preliminary test is performed in our office and the test is forwarded to an outside lab for confirmation and additional analysis. The charges for these tests will be filed with your insurance and are normally covered.



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DISMISSAL

You are required to sign an *agreement* with our office at your initial consult which outlines the requirements we set forth with our patients for compliance with our treatment. If you fail to comply with this agreement then you will be dismissed from our practice. Causes for dismissal include (but not limited to) results of drug test indicating noncompliance, other noncompliance issues such as multiple missed appointments and failure to maintain your financial agreement. Notification of dismissal will be sent via Certified Mail with copies to the referring physician.



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INSURANCE AND FINANCIAL

INSURANCE

We participate with the most major insurance carriers in our area. A current listing of our ***Insurance Participation*** is available on the web site under the ***Patient Information*** tab.

Most insurance plans require prior authorization for the procedures. Our business staff will submit the information to the insurance company for the prior authorizations. You will be notified if we are unable to obtain authorization from the insurance company for the planned procedure and your options will be discussed at that time. It is imperative that you provide our office with your current insurance information prior to any office or procedure visits. We will need advance notice of changed insurance information prior to a procedure to allow time to obtain authorization. Failure to provide the information in advance will result in rescheduling your procedure. You may use the ***Contact Us*** tab on the web site to communicate with our insurance department.

FINANCIAL POLICY

Please refer to our ***Financial Policy*** in the ***Patient Information*** Section for details. It is imperative that you provide your current insurance information. If you are not covered by insurance, have high deductibles, coinsurance or out of pocket, please discuss financial arrangements with our Financial Coordinator prior to scheduling procedures.

We accept cash, checks, money orders, Mastercard and Visa. ***Payments*** may be made through our web site.



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MEDICAL RECORDS, PRIVACY AND IDENTITY THEFT

MEDICAL RECORDS

A copy of your medical records will be forwarded upon receipt of the proper authorization form(s) and prepayment of *medical record fees* (see Patient Information section.) Please allow 10 business days for request to be processed.

PRIVACY

Our office respects your right to privacy and adheres to the Health Insurance Portability and Accountability Act (HIPAA). Please refer to the *Notice of Privacy Practices* section for more details. If you have any questions or concerns, you may contact our Administrator through the **Contact Us** section of the web site, call or write the office.

IDENTITY THEFT

It is the policy of Athens Spine Center to follow all federal and state laws and reporting requirement regarding identity theft. Specifically, this policy outlines how Athens Spine Center will (1) identify, (2) detect and (3) respond to “red flags.” A “red flag” as defined by this policy includes a pattern, practice, or specific account or record activity that indicates possible identity theft. Pursuant to the existing HIPAA Security Rule, appropriate physical, administrative and technical safeguards will be in place to reasonably safeguard protected health information and sensitive information related to patient identity from any intentional or unintentional use or disclosure.

CONTACT US

We strive to treat our patients professionally and respectfully. If you have a complaint please contact the Administrator at (706) 425-2400 Ext. 203. We encourage your feedback concerning your experience at our office.