



Hand Surgery Specialists, Inc.

Hand, Wrist, Elbow, Shoulder & Microvascular Surgery

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*Serving Ohio,
Kentucky & Indiana
in these locations:*

Mt. Auburn
Edgewood, KY
Montgomery
University Hospital
Western Hills
Clermont County
Middletown
Lawrenceburg, IN



To Our Patients:

Enclosed is a copy of our registration form. Please fill this out completely and bring it to the office the day of your appointment, along with your insurance card. This will allow a faster registration that is more efficient and hopefully, shorten your wait.

- ❖ **If your medical insurance plan requires a referral from your primary care physician, please be sure that this is obtained prior to your appointment in our office.**

- ❖ **If you have had tests or x-rays for the problem you are being seen for, please be sure that they are in our office prior to your appointment.**

We hope that we can make your visit to Hand Surgery Specialists a pleasant one and always welcome any suggestions that will improve the quality of service that we provide for you.

Sincerely,
Hand Surgery Specialists

Office Policy on Managed Care Insurers

In order to accommodate the needs and requests of our patients we have enrolled in numerous managed care insurance programs.

While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of the plans. Each one has different stipulations regarding how often services may be rendered and even more importantly, where those services may be performed.

Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated.

Providing quality medical care for our patients is our primary concern. We are more than willing to provide that care within your insurance contract guidelines if you let us know EACH time of service exactly what those guidelines are.

IF YOU ARE REFERRED TO A MEDICAL FACILITY FOR THERAPY. LET THE RECEPTIONIST AT THE FACILITY KNOW THAT YOU MAY NEED AUTHORIZATION "BEFORE" TREATMENT. THEY WILL CONTACT YOUR INSURANCE COMPANY. IF AUTHORIZATION IS NEEDED, THE THERAPY DEPARTMENT MAY BE ABLE TO GET THIS AUTHORIZATION. THERE ARE SOME COMPANIES THAT WILL ONLY LET THE "SPECIALISTS" CALL FOR AUTHORIZATION AND THEN THE THERAPY DEPARTMENT WILL NEED TO CONTACT OUR OFFICE.

If you do not take the responsibility of the above, the medical facility will have no choice but to bill you directly for service rendered if rejection results from lack of referral.

With your cooperation and help, you should be able to receive all the benefits offered to you, and we will be able to concentrate on caring for your medical needs.

I HAVE READ AND UNDERSTAND THE OFFICE POLICY STATED ABOVE AND AGREE TO ACCEPT RESPONSIBILITY AS DESCRIBED.

Signature

Date