

Center for Neurological Disorders P.A.
1319 Summit Ave., Ft.Worth, Tx. 76102
1-888-339-9629 (Toll Free) (817)336-0551 fax 817 339-3940

George F. Cravens M.D, FACS Lee Kesterson M.D. Gregory Ward M.D. Kevin Kaufman M.D. Gregory Smith M.D.

Patient Policy and Procedures

Welcome to Center for Neurological Disorders. We are honored by your referral to our facility. We are dedicated to providing excellent, quality healthcare in which we strive to meet or exceed our patient needs. As our new patient, we would like to introduce you to a few of our office policies and procedures. This information guide will answer most of your questions in the future.

Insurance Referrals: Center for Neurological Disorders P.A. is a provider for most managed care plans (HMO's, POS, etc), however due to strict insurance guidelines on paper referrals, **it is the patients responsibility to obtain and maintain account of ALL referrals from his/her Primary Care Physician.** Office visits without a valid referral will be rescheduled!!

Rx Refills: If you are needing a refill on any medication, you must contact your pharmacy 24-48 hours prior to your last dosage day. Your pharmacy will contact our office. **Refills will not be filled after 4:30 p.m. during weekdays, nor will they be filled weekends.** Please call the office only if there is a problem with the medication.

Procedure Scheduling: After your visit, if your physician has ordered anything such as surgery, diagnostic testing, minor procedures or another specialist referral, you will be getting a call from the assigned scheduling coordinator. The scheduling coordinator must get pre-certification or approval from the insurance company. **You will receive a call within 3-7 days after your visit. If you do not receive a call after the 7th day, please contact the appropriate scheduling coordinator.....**

Dr. Greg Ward –	Tami F.	x 3955
Dr. Lee Kesterson-	Shelly W.	x 3946
Dr. George Cravens-	Rosa N.	x 3912
Dr. Kevin Kaufman-	Brandi	x 3914
Dr. Gregory Smith-	Marie	x 3977

Physical Therapy: Since most insurance companies have their own contracted facilities for out patient rehabilitation and do not always furnish our office with the listing of these facilities, we recommend the following... If your physician has ordered physical therapy, **YOU must call and schedule an appointment with a rehab facility that accepts your insurance.** All you will need is the Rx-Order for physical therapy (which will be given to you by our office) and your insurance information to take to your appointment. If you need help selecting a facility nearest to you, refer to your insurance member manual, or call the member services phone number located on your insurance card.

Diagnostic Films: If your physician has ordered any diagnostic imaging, it is required that you must bring the actual films from that test with you to your next follow-up appointment. (i.e. MRI, Myelogram/CT, Bone Scan, Angiogram, etc.). **These are a necessity in evaluating your treatment, without them your appointment could be rescheduled.**

Texas Work Comp. Spinal Surgery/and or Procedure Approval: Per TWCC guidelines, if your physician has recommended diagnostic testing or spinal surgery, your physician's scheduling coordinator must start the pre-authorization process. Our routine scheduling process for private insurance is 5-7 business days. **Patient's that have worker's comp may have to wait up to 7-14 days for approval** for testing or procedure due to typed dictation that must be submitted with every request. Work comp insurance companies demand a large amount of documentation for approval for anything that is recommended. This may seem like an inconvenience, however we are here to do what we can to see that you get the care that you deserve.

Nurse Call Backs: If you have a question or request for our clinic nurses, please leave a message with the switchboard receptionist. Due to our nurses' unpredictable schedules, call backs will be returned periodically through the day or the next business day. Don't be surprised if you get a late evening call. Our nurses handle a large volume of calls as well as operating with the physicians in surgery. Your care and well being is very important to us. **If your matter is urgent or need quick medical attention, please notify the switchboard receptionist.** If your call is emergent and after hours, please contact the answering service who will relay the message to the nurse on call.

Medical Records Request: If you're requesting ALL of your medical records, you must allow a 30-day advance notice. Patient Signature is required on the Medical Release form. A fee may be applicable.

Disability Forms: Please allow 7-10 days for completion of Disability forms. Disability forms will not be done on the same day of drop off!! There is a \$15.00 fee for each form.

Complaints: We believe that close attention to detail is the key to delivering superior service and excellent healthcare. If a problem or concern should arise, please notify the appropriate department handling the situation. If you are still not satisfied, you may contact the office manager, Boots Coleman, or the clinic Administrator, Kim Reed.

It is our obligation to provide you with the best patient care and treatment possible.
Thank you for choosing Center for Neurological Disorders for your healthcare needs.

MEDICAL RECORDS POLICIES AND PROCEDURES

The Center for Neurological Disorders takes pride in providing quality healthcare to our patients. As a patient of CND, you are entitled at any time during normal operating hours to request your medical records or diagnostic films from our office. The following are the policies/procedures aimed at making the process of completing your request as quick and efficient as possible:

- Notify the Custodian of Medical Records via telephone (817/336-0551) or fax (817/339-3940) of your request 24-48 hours before pick-up.
- Fill out (in office) an authorization for the release of your medical records at the time of pick-up.
- Requests made by third parties (attorneys, insurance companies, diagnostic centers, etc.) must be made directly to the Custodian of Medical Records.
- Photocopies of records requested by patients that exceed 20 pages will have a charge of \$25.00 minimum for completion unless specified for social security, short/long-term disability, 2nd opinion appointments, workmen's compensation claims, PCP or secondary doctor visits.
- Diagnostic films may be picked-up from the office, however films may NOT be mailed from our office at any time.
- Diagnostic films that are left in our office have a 6-month holdover and are then returned to the diagnostic center where they were originally taken. NOTE: films are also taken to hospitals on scheduled days surgeries are performed, and are in the care of those facilities unless requested by the patient or diagnostic center.

We appreciate your patience during the process of completing your request. If you should have any questions, please contact the Custodian of Medical Records @ (817) 336-0551.

Thank You

Center for Neurological Disorders, P.A.

I, _____, have read and understand
the Patient Policy and Procedures Guide for Center for Neurological Disorders, P.A.

Patient Date

Witness Date

CENTER FOR NEUROLOGICAL DISORDERS, P.A.

1319 Summit Avenue, Suite 200

Fort Worth, TX 76102

(817) 336-0551 1-888-339-9629 FAX (817) 339-3940

NEUROSURGERY

GEORGE F. CRAVENS, M.D., F.A.C.S.

LEE KESTERSON, M.D.

GREGORY A. WARD, M.D.

J. KEVIN KAUFMAN, M.D.

GREGORY H. SMITH, D.O., F.A.C.O.S.

ANESTHESIA & PAIN MANAGEMENT

PETER LEONARD, M.D.

NEUROLOGY

G.A. GUZMAN, M.D.

THOMAS TRESE, D.O., F.A.C.N.

PSYCHOLOGY

ANDREW HOUTZ, PH.D.

CONFIDENTIAL PATIENT AGENDA

Dear Patient: To help you make the best use of your time with our physicians, please list the questions you would like to discuss during your appointment.

1. _____
2. _____
3. _____
4. _____
5. _____

_____ My insurance and information have not changed since my last visit.
Initial here

Please list for us ALL medications you are currently taking:

Signature

Date

CENTER FOR NEUROLOGICAL DISORDERS, P.A.

1319 Summit Avenue, Suite 200

Fort Worth, TX 76102

(817) 336-0551 1-888-339-9629 FAX (817) 339-3940

NEUROSURGERY

GEORGE F. CRAVENS, M.D., F.A.C.S.

LEE KESTERSON, M.D.

GREGORY A. WARD, M.D.

J. KEVIN KAUFMAN, M.D.

GREGORY H. SMITH, D.O., F.A.C.O.S.

ANESTHESIA & PAIN MANAGEMENT

PETER LEONARD, M.D.

NEUROLOGY

G.A. GUZMAN, M.D.

THOMAS TRESE, D.O., F.A.C.N.

PSYCHOLOGY

ANDREW HOUTZ, Ph.D.

ASSIGNMENT OF BENEFITS

I hereby authorize assignment and payment directly to Center for Neurological Disorders, P.A. major medical benefits due me.

WHERE NOT PRECLUDED BY CONTRACTUAL AGREEMENT, I HEREBY AGREE TO PAY ANY AND ALL CHARGES THAT EXCEED OR THAT ARE NOT COVERED BY INSURANCE.

Signature (Patient or Legal Representative)

Relationship to Patient

Witness

We request payment for office services and visits at the time the services is rendered.

CENTER FOR NEUROLOGICAL DISORDERS, P.A.

1319 Summit Avenue, Suite 200

Fort Worth, TX 76102

(817) 336-0551 1-888-339-9629 FAX (817) 339-3940

NEUROSURGERY

GEORGE F. CRAVENS, M.D., F.A.C.S.

LEE KESTERSON, M.D.

GREGORY A. WARD, M.D.

J. KEVIN KAUFMAN, M.D.

GREGORY H. SMITH, D.O., F.A.C.O.S.

ANESTHESIA & PAIN MANAGEMENT

PETER LEONARD, M.D.

NEUROLOGY

G.A. GUZMAN, M.D.

THOMAS TRESE, D.O., F.A.C.N.

PSYCHOLOGY

ANDREW HOUTZ, PH.D.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Center for Neurological Disorders, P.A. to release information requested by my insurance company or Worker's Compensation carrier. I also authorize the Center for Neurological Disorders, P.A. to release information to any hospital or physician to whom I may be referred by this office.

Signature (Patient or Legal Representative)

Relationship to Patient

Witness

Date