

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.
GREGORY A. WARD, M.D. F.A.C.S.
GREGORY H. SMITH, D.O. F.A.C.O.S.
PAUL H. CHO, M.D.

ANESTHESIA & PAIN MANAGEMENT

PETER LEONARD, M.D.

NEUROLOGY

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

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 may help to answer most of your future questions.

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

Medication 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 then contact our office. Refills will not be filled after 4:30 p.m. during weekdays, nor will they be filled on weekends.** Please call the office only if there is a problem with the medication.

After Office Hours: For urgent medical care after office hours, please call our main phone number (817-336-0551). We have a doctor and nurse available 24 hours a day, seven (7) days a week. This service is available for urgent care only. Should you have a life-threatening emergency please call 911. Please refer to our medication refill policy for information on refills.

Procedure Scheduling: After your visit, if your physician has ordered any procedures such as surgery, diagnostic testing, minor procedures or another specialist referral, you will be receiving 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 coordinator...

Dr. George Cravens	- Ofelia	ext. 3946
Dr. Greg Ward	- Lori	ext. 3955
Dr. Gregory Smith	- Letty	ext. 3977
Dr. Paul Cho	-Carlos	ext. 3912
Dr. Thomas Trese	- Talethia	ext. 3909

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 you 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 will be rescheduled.

Texas Worker's Compensation Spinal Surgery Approval: Per TWCC guidelines, if your physician has recommended spinal surgery, your physician's scheduling coordinator must start a process called the TWCC-63 Process. This process can take anywhere from 30-90 days for completion. Explanation of the TWCC process is as follows... 1) Scheduling Coordinator completes and faxes TWCC-63 to Austin. 2) TWCC in Austin processes the paperwork and sends this form to your Insurance Adjuster (usually 2 weeks later). 3) Your Insurance Adjuster decides if they want to send you for a Second Surgical Opinion (A decision is required within 30 days upon receipt of TWCC-63 form). **If your adjuster requests the Second Opinion, you will receive a letter in the mail from your insurance with a list of physicians to choose from. Authorization will be based on the outcome of the Second Opinion Evaluation. If the Second Opinion physician agrees that surgery is needed, you may contact your physician's scheduling coordinator to discuss scheduling surgery. If the Second Opinion Physician does not agree that surgery is needed, you will be sent for another opinion. (Per TWCC, two surgeons must be in agreement that surgery is needed). If your letter states that your Adjuster is not requesting a Second Opinion, that is our approval as well, and you may schedule the surgery.**

Medical Records Request: If you are requesting medical records, a week's prior notice is required. If you are requesting ALL of your medical records, you must allow a 10-day *written* advanced notice. 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 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.

THERE IS A \$25.00 FEE FOR ALL RETURNED CHECKS!

MEDICAL RECORDS POLICIES AND PROCEDURES

The Center for Neurological Disorders takes pride in providing quality healthcare to our patients. As a patient of CNS, 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

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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

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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)

Date

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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