

**Center For Neurological Disorders, P.A.
1000 Houston St. 2nd Floor
Fort Worth, TX 76102
(817) 336-0551 FAX (888) 316-3855**

NEUROSURGERY

DIPLOMATES OF THE AMERICAN BOARD OF NEUROLOGICAL SURGEONS
GEORGE F. CRAVENS, M.D., F.A.A.N.S., F.A.C.S.
OLIVER KESTERSON, M.D. F.A.A.N.S.

PAIN MANAGEMENT

GERARD POCHE, M.D.

PATIENT POLICY AND PROCEDURES

Welcome to the Center for Neurological Disorders, PA. We are honored to have your referral to our facility. We are dedicated to providing excellent, quality healthcare and strive to meet or exceed your needs as a patient. As our new patient, please familiarize yourself with our office policies and procedures.

REFERRAL POLICY: We are a contracted provider for most managed care plans (HMO's, PPO's, etc.). Due to strict insurance guidelines, we must have a referral from your primary care provider prior to scheduling a new patient appointment. We will only schedule an office visit once a valid referral is received and your insurance information is confirmed.

APPOINTMENT SCHEDULING: Please cancel or re-schedule your appointments as far in advance as possible. Patients who are 15 minutes or more late for a scheduled appointment may be required to reschedule to another date. Our providers have on-call obligations at several hospitals, including the JPS Level I Trauma Center and must respond to emergencies as they arise and schedule urgent cases based upon O.R. availability and the clinical needs of these patients. The flexibility required of our surgeons may result in rescheduling of your elective appointments, and on rare occasions, your elective surgical procedure. We appreciate your understanding the delicate balance between our commitment to our office-based, elective practice and responsibility to patients with neurosurgical emergencies.

COPAYMENTS: You are required to make insurance copayments for your appointment or procedure before services will be rendered. In the event you are going to have surgery, you will only be scheduled for your operation once you have satisfied your copayment requirements.

DIAGNOSTIC IMAGING: You are required to bring the actual images of your diagnostic imaging studies (e.g. CT, MRI, x-rays) to your appointments. The images are typically provided to you on a CD - a copy of the written report by a radiologist is not sufficient. Our providers cannot make an appropriate assessment of your condition without viewing the images themselves; without the images to review, your appointment will be rescheduled.

MEDICATION MANAGEMENT: To reduce medication errors and prevent problems associated with having multiple medication prescribers, our providers prescribe scheduled substances (e.g. narcotic pain medications) only during the post-operative period. The primary care provider or individual currently managing your pain medications maintains the responsibility for your medications up to the point of surgery. In certain instances, these providers will be required to

manage these medications even in the post-operative period upon discharge or transfer from the hospital. Please tell your surgeon if you have a pain contract with another medical provider.

MEDICATION REFILLS: If you require a medication refill, you must contact your pharmacy 24 to 48 hours prior to your last dosage day. Your pharmacy will then contact our office. Refill authorizations will only be handled during regular business hours. Our providers do not authorize medication refills by phone during evenings or weekends.

REQUESTS FOR FORMS: We understand that you may need forms filled out for your employer, disability, EMTALA, etc. You will be charged \$25 for each form our office completes on your behalf. Please allow 7-10 business days for completion of each form.

RETURNED CHECKS: \$25 fee for each returned check.

PHYSICAL AND OCCUPATIONAL THERAPY: Most insurance companies have their own contracted facilities for outpatient therapies and our office is not privileged to these arrangements. If physical and/or occupational therapy are ordered for you by one of our providers, it is your responsibility to schedule an appointment with a facility that accepts your insurance. All you will need is the written order for therapy provided by our office and your insurance information. If you need assistance selecting a facility near you, refer to your insurance member manual or call the member services number on your insurance card.

PROCEDURE SCHEDULING: Our providers may refer you for additional diagnostic testing, therapeutic intervention, or other medical consultations depending upon your condition. Frequently, your referral will require preauthorization by your insurance company before the appointment can be scheduled. Please allow the facility to which we have referred you 7 business days to obtain preauthorization and initiate contact with you.