

SOUTHERN BONE & JOINT CENTER

Jorge E. Tijmes, M.D
320 N. McColl, Ste. A
McAllen, Texas 78501
Phone: (956) 687-2032

OFFICE HOURS

Monday - Friday 8:00 am to 5:00 pm

Doctor's hours do vary. It is possible that the doctor may be called out for emergency cases through the emergency room at McAllen Hospitals

FINANCIAL POLICY

Payment is expected at the time of service unless you are covered by Workers' Compensation Insurance, Medicare and Medicaid, or a liability insurance.

At the time of the visit, all other patient's will be asked to pay the portion of the bill, including any unmet deductible, not covered by your primary insurance. If you are unable to make a payment on the date of service, please inform the front desk personnel to that a mutually satisfactory arrangement can be made via a payment contract through the business office.

INSURANCE

Your major medical health insurance may cover some or all of the services provided. Our providers are members of several managed care panels. Please check with your referred physician, insurance company, or our office manager to see if pre-authorization of services is required. Lack of pre-authorization may result in non-payment by your insurance company. Any balance unpaid by your insurance company becomes the patient's responsibility.

APPOINTMENTS

Appointments are booked through the front desk. To ensure that you are here on the proper day and at the proper time, please sign in at the front desk at the time of your arrival.

CANCELLATIONS AND MISSED APPOINTMENTS

As a courtesy to your doctor, we request that you provide our office with a 24 hour notice of cancellation, except in case of emergency. If the business office is closed, our answering service is available to take a message.

PRESCRIPTIONS AND REFILLS

Prescriptions and refills are issued during office hours 8-5. Please check your need for medications during the day, then contact your pharmacy. Do not contact our office for refills. Your pharmacy will contact our office for authorization to refill prescription.

EMERGENCY SERVICES

If an emergency occurs during the hours when the office is closed, call our office number 687-2032. Our 24 hour answering service will direct your call to the appropriate person.

STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES

PHYSICIANS

- 1) You may change your physician if you wish, without stating a reason. This does not include workers' compensation patients who must file the proper paperwork for such a change.
- 2) Your physician will refer you to other specialists when he feels it is medically necessary.

YOUR HEALTH CARE DECISIONS

We will give you accurate and timely information about your health and care.

- 1) We will give you information about your injury and how to prevent further disability.
- 2) Your physician will explain your condition, treatment options and their effects in full. He will also explain what it likely to happen if you choose not treat your condition. Such explanations, however, are not always possible in an emergency.
- 3) Copies of your medical records may be requested and will be ready for delivery in eight (8) days. You may request corrections to your records. Original copies of your medical records cannot be removed

from our office. There will be a set cost for requested records.

- 4) Once you have agreed with your physician on the treatment and follow up plans, it is important that you carry out these recommendations. If they do not work for you, please inform your physician.
- 5) If you have questions or do not understand something about your care, be encouraged to ask questions. Better health care ensues when the patient takes part in the decision making process and assumes responsibility for following the physician's recommendation. Please talk about your health and how you are feeling with your physician.

PRIVACY AND DIGNITY

We will treat you with consideration and respect.

- 1) You will be respected regardless of your lifestyle, education, color, religion, gender, sexual preference, national origin, disability or age.
- 2) Only with your permission will students be present when you receive your care.
- 3) We will make all efforts to give you privacy during examinations.
- 4) In turn, w

respect to our staff and other patients.

COMPLAINTS

Southern Bone & Joint Center is committed to serve your healthcare needs in the most caring and effective way possible. To keep the level of quality high in our service to you, please let us know about your concerns, compliments and questions.

COMPLIMENTS

Please let us know when you are pleased with the way we provide services. If your compliment mentions a specific name, we will share it with that person and their supervisor.

PHYSICIAN ASSISTANTS

Southern Bone & Joint Center employs Physicians Assistants and allied personnel. These healthcare professionals are able to evaluate and treat patients in the clinical setting along with the rehabilitation process in Southern Rehab Center. These healthcare professionals are also able to write prescriptions and order further testing in order to progress your studies.

ASSIGNMENT FOR INSURANCE BENEFITS

PATIENT NAME

NAME OF INSURED

INSURANCE CO.

I, as the responsible party, hereby agree to assign any and all medical insurance benefits for

services rendered to Southern Bone & Joint Center. Further, I hereby authorize my medical insurance carrier to make payment directly to Southern Bone & Joint Center Associates.

I understand that I am responsible for payment of any amount not covered by my insurance.

I authorize Southern Bone & Joint Center Associates release information deemed necessary for the above named patient to the above named insurance company in order for benefits to be paid for services rendered. Further, I authorize my medical insurance company to release requested medical information to Southern Bone & Joint Center in order that benefits may be paid for services rendered.

SIGNATURE Patient/Parent/Guardian

DATE