



## FINANCIAL POLICY

Thank you for choosing Advanced Orthopedics & Sports Medicine d/b/a Sano. We know you have many choices regarding your health, and we appreciate the opportunity to care for you. If you have any billing-related questions, please contact our Billing Department at 816-525-2840, option 3.

**PAYMENT AT TIME OF SERVICE.** Payment is required when services are rendered unless you and/or your insurance carrier have made other arrangements in advance. You are responsible for checking your insurance benefits as it applies to care with Sano. We accept cash, personal checks, VISA, MasterCard, Discover, American Express, Health Savings, and Flexible Spending Accounts. We reserve the right to reschedule if you are unprepared to pay your co-pay or unpaid balance. There is a \$35 charge for all checks returned or credit cards denied by your financial institution for non-payment / insufficient funds.

**INSURANCE.** We will bill your insurance company if you have insurance covering your visit. All co-pays are expected at the time of service. You are responsible for any remaining portion of the costs your insurance does not cover. We will submit claims for you if we receive copies of all current insurance cards and proper submission of patient intake forms. If your injury is a work-related injury, our office must be informed in advance of your appointment. We are required to obtain all Work Comp claim information and authorization from an adjuster prior to seeing the provider. If authorization is not obtained, you could be responsible for charges. If your injury is from a motor vehicle accident (MVA) or personal injury, we will not bill third-party insurance, such as auto. Kansas residents involved in a MVA accident, the patient will provide their auto insurance information to bill under their PIP coverage, as well as provide their health insurance information for us to bill once the PIP coverage max has been met. If there is no health insurance, then the patient will continue as self-pay upon maxing out their auto PIP coverage. Missouri residents will provide their current health insurance information for us to bill and the health insurance company will work with the auto insurance company.

**SELF-PAY.** Our office does provide self-pay reduced cash rates to patients due at the time of service. Please ask our team for self-pay prices.

**REFUNDS.** Refunds will be issued to accounts with credit if no account charge is pending. Refunds will not be issued to accounts with an outstanding patient balance. Overpayment will be applied to outstanding patient balances.

**MINORS.** We do not treat minors without the presence of a parent or guardian. If the patient is a minor, the parent or guardian will be responsible for payments.

**FMLA, SHORT-TERM DISABILITY, MEDICAL RECORDS FEES.** FMLA / short-term disability paperwork and requests for medical records must be made in writing. The FMLA and short-term disability fees are \$25 and due when submitted. For surgical patients, the form can be submitted before surgery but will not be filled out until after surgery. Once payment is received and the form is completed, your Provider will complete the paperwork within 7 – 10 business days. For medical records, we charge the Missouri and Kansas annual rates. Medical and billing records will be distributed when the invoice is paid in full and available within thirty (30) days of the payment.

**MISSED APPOINTMENTS.** Missing or arriving late for appointments without advance notice can cause delays for other patients. As a courtesy, we ask you to contact the practice 24 hours in advance if you cannot keep your scheduled appointment date and time. If you must be late, please contact us as soon as possible so we can determine if we need to reschedule your appointment. Missed appointments in our clinic may be charged a \$50 "no show" fee. This fee will be posted to your account. Extensive or excessive tardiness may result in discharge from the practice. Please review our No Show and Late Policy for more information.

**REFERRALS.** We may refer patients to outside facilities for tests, surgery and second opinions. Patients must obtain re-certifications from their insurance company for any outside referral. We are happy to assist you in receiving authorization, but this is the patient's responsibility.

**COLLECTIONS.** We will refer unpaid accounts to a third-party collection agency, where they will incur an additional collection fee. Accounts not paid within 90 days are subject to referral to collections.

**BILLING QUESTIONS & CONCERNS.** Patients who cannot pay their balances in full at the time of service will be asked to set up a payment plan for their balance. If you have any questions or concerns about payment plans or regarding your account, please contact our



billing department at 816-525-2840. We understand that unexpected financial difficulties may arise. Therefore, please contact us as soon as possible to discuss payment options for your account.

#### **NO-SHOW & LATE FEE POLICY**

Thank you for choosing Sano! We strive to provide you with the best care possible and to accomplish this goal, we ask that you make every effort to keep your scheduled appointments and arrive promptly. Good medical care and a positive doctor-patient relationship depend on consistent consultation and treatment. This cannot be accomplished with frequently missed appointments.

A “no-show” appointment is defined as missing an appointment without canceling at least 24 hours before the scheduled time. If you cannot keep your scheduled appointment, it is our policy that you must cancel and/or reschedule your appointment at least 24 hours before your scheduled appointment time. If you are more than 10 minutes late for your appointment without prior notification, we reserve the right to cancel the appointment and the \$50 cancellation fee will apply. Reminder calls for appointments are a courtesy only. Patients are responsible for remembering their scheduled appointments.

For us to provide the best care possible to all our patients and avoid unnecessary delays in care, we ask:

- New patients: please arrive 15 min early to complete the check-in process
- If you need to cancel or reschedule, please do so at least 24 hours in advance
- Call our office if you are running more than 10 minutes late

A \$50 fee will be charged to no-show orthopedic appointments or appointment canceled less than 24 hours in advance. This is not covered by insurance and will need to be paid before rebooking. We also reserve the right to terminate our relationship with you after three (3) or more occurrences.

We do realize that, on occasion, emergencies or circumstances may arise beyond your control. We will address these situations with you should they occur.

#### **MINOR POLICY**

At Sano, we see patients of all ages. To better protect our patients and practice, the following will apply to patients under the age of 18.

- An adult (18 or older) **MUST** be present for all new patients and patients with new conditions. If this adult is not the parent or legal guardian, then a “Consent to Treat Minors” form must be completed and on file.
- For all follow-up patients under the age of 16, an adult (18 or older) **MUST** be present. If this adult is not the parent or legal guardian, then a “Consent to Treat Minors” form must be completed and on file.
- For all follow-up patients, ages 16 and 17, an adult does **NOT** need to be present. If an adult is not present, then a “Consent to Treat Minors” form must be completed and on file, or the provider must approve a verbal consent from a parent or legal guardian. If verbal consent is approved, then a “Consent to Treat Minors” form must be completed as soon as possible.

\*If at any time a provider is uncomfortable seeing a minor without an adult present, it is within their right to have the patient reschedule until an adult can attend with the patient.

#### **NON-DISCRIMINATION POLICY**

Advanced Orthopedics & Sports Medicine d/b/a Sano complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. Sano does not exclude or treat people differently because of race, color, national origin, age, disability, or sex. Sano provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Sano provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact us. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sano can assist. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, SW Washington, D.C. 20201 1-877-696-6775

#### **PRIVACY POLICY**



This Notice of Privacy Practices describes how Advanced Orthopedics and Sports Medicine d/b/a Sano may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time.

**What is Protected Health Information?** “Protected Health Information” is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

### **How We May Use and Disclose Your Protected Health Information**

We may use and disclose your Protected Health Information in the following circumstances:

- For Treatment. We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.
- For Payment. We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. For example, we may tell your health plan about a treatment you will receive. This is done to determine if your plan will pay for treatment.
- Surveys, Appointment, Statement Balance Reminders. We may contact you to remind you about your appointments and billing statements. We may also contact you requesting your feedback; we use this data internally to help us improve our quality of care.
- As Required by Law. We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.
- For Health Care Operations. We may use and disclose Protected Health Information for our healthcare operations. For example, we may use your Protected Health Information to internally review the treatment’s quality to ensure our patients receive quality care. We also may disclose information to physicians, nurses, medical technicians, medical students, residents, fellows and other authorized personnel for educational and learning purposes.
- Minors. We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- Research. We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
- To Avert a Serious Threat to Health or Safety. We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- Business Associates. We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.
- Military and Veterans. If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities.
- Workers’ Compensation. We may use or disclose Protected Health Information for workers’ compensation or similar programs that provide benefits for work-related injuries or illnesses.
- Abuse, Neglect, or Domestic Violence. We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.



- **Public Health Risks.** We may disclose Protected Health Information for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (“FDA”) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Health Oversight Activities.** We may disclose Protected Health Information to a health agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.
- **Law Enforcement.** We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.
- **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.

**Online and Cookie Policy.** We use cookies to ensure the website can function, measure traffic, and support the marketing of our services. By using the website, you agree to our use of third-party cookies such as Google Analytics, which uses cookies to collect non-personally identifiable information. Google Analytics uses cookies to track visitors, providing reports about website trends without identifying individual visitors. We also use cookies to identify your internet browser and store your preferences to help us offer you products/services that may interest you and deliver relevant advertising to you. The information does not usually directly identify you but can give you a more personalized web experience. This website contains links to other sites. Please be aware that we are not responsible for such other sites’ content or privacy practices. We encourage our users to be aware when they leave our site and to read the privacy statements of any other site that collects personally identifiable information.

### **Uses and Disclosures That Require Us to Allow You to Object and Opt Out**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify your Protected Health Information directly related to that person’s involvement in your health care. If you cannot agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

**Fundraising Activities.** We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

**Other Uses of Medical Information.** The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of Protected Health Information for marketing purposes
- Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us authorization, you may revoke it at any time by submitting a written revocation to our Administration and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

**Your Rights Regarding Your Protected Health Information.** You have the following rights, subject to certain limitations, regarding your Protected Health Information:



- **Right to Access and Receive Copies.** You have the right to look at and to receive copies of Protected Health Information used to make decisions about your care, including information in an electronic health record, and/or to tell us where to send the information. Usually, this includes medical and billing records.
- **Right to a Summary or Explanation.** We can also provide you with a summary of your Protected Health Information, rather than the entire record, or we can provide you with an explanation of the Protected Health Information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor of transmitting the electronic medical record.
- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Right to Request Amendments.** If you feel that our Protected Health Information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment.
- **Right to an Accounting of Disclosures.** You have the right to get a list of disclosures we made of your Protected Health Information including medical information we maintain in an electronic health record. This list may not include all disclosures that we made. For example, it would not include disclosures that we made for treatment, payment or health care operations purposes. To ask for this information, you must submit your request in writing.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. You must submit a written request to restrict who may access your Protected Health Information. Your request must state the specific restriction requested, how to limit the information and to whom you want the restriction to apply. We are not required to agree to your request, unless you ask us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes. Such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" or "self-pay" in full. If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment.
- **Self Pay Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

**Photograph/Video/Audio Recording.** Patients and patient visitors are prohibited from photographing, audio recording, or video recording Protected Health Information while on Sano premises and inside the facilities.

**Revisions To This Notice.** We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have, and for any Protected Health Information, we create or receive in the future.

**Complaints.** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Business Manager of your complaint. We will not retaliate against you for filing a complaint.

If you have any questions about this notice or if you need more information, please contact our business manager or administration team.





The staff of Advanced Orthopedics and Sports Medicine d/b/a Sano ("Sano") is dedicated to providing our patients with the most appropriate and complete treatment for the injuries they suffer from. If you do not agree with or do not think that you can comply with our Controlled Substance Agreement and Prescription Policy, please notify us. Sano will do our best to devise a plan for you, which may include referral to a pain management specialist or referral to another providing physician. You agree to abide by the following agreement and policy.

Controlled medications that are prescribed by Sano physician include but not limited to: Schedule II narcotics Tramadol, Hydrocodone and Oxycodone. To help prevent dependency, abuse or overuse of such medications, Sano will follow the prescribing policy listed as follows:

- Tramadol and/or Hydrocodone and/or Oxycodone will initially be prescribed for severe, acute, traumatic injuries (broken bone, laceration, ligament/tendon rupture, etc.) or for postoperative pain control, if indicated clinically necessary. The choice of medication and the amount prescribed will be at the physician's discretion. The prescribed duration, approval of refills and discontinued use of medication is also up to the Provider.
- Sano will not prescribe any Schedule II narcotic medications for chronic conditions.

**ACKNOWLEDGEMENT.** I understand this agreement is essential to the trust and confidence necessary in a doctor/patient relationship and that my doctor undertakes to treat me based on this agreement. I understand that strict accountability is necessary due to potential abuse or diversion of medications. I understand that if I break this agreement, my doctor will stop prescribing controlled substances, refer me to another physician and comply with legal reporting requirements of abuse. I will only take the prescribed medication as instructed. I will not share, sell or trade prescription medicine. I will safeguard all prescribed pain medications / controlled substances from loss or theft. I understand that a Sano physician or staff member will not replace lost or stolen medications. I understand that refills will be made only during office hours Monday-Friday and may take 24 - 48 hours. Refills will not be available during the evenings, weekends or on any federally recognized holidays that Sano's office is closed. A photo ID is required to pick up a prescription. If someone is delegated to pick the script up for you, they will need to sign and show a photo ID. Refills may not be refilled earlier than the Provider's prescribed renewal date. I will inform the doctor of all medications that I currently take as well as new prescribed medications. I agree to follow all guidelines that have been fully explained to me in this agreement.

#### FMLA & DISABILITY POLICY

Thank you for choosing Sano for your care.

- \$25 charge is required for completion of form(s). Separate fees for each form received. (FMLA, short-term disability, accident forms, etc.)
- Patients must sign a "FMLA & Short-Term Disability Authorization" before their initial form can be completed.
- After payment is received and authorization has been signed, paperwork will be completed.
- Please allow 7-10 business days for processing. For surgical patients, forms will be completed after surgery. If an employer needs something prior to the date of surgery, a letter can be provided.
- Our office does not complete forms for long-term disability claims. Patients can contact their Primary Care Physician for long-term disability claims.
- All forms must be faxed to 816-525-2841, mailed to our Lee's Summit address, sent via Klara (secure texting application) to 816-551-2339, emailed to [documents@sanoorthopedics.com](mailto:documents@sanoorthopedics.com), or turned in at the concierge desk.
- Our office will complete the provided forms for all patients who are placed off work.
- Urgent Care providers are only responsible for completing FMLA or Disability forms if the patient was placed off work during the Urgent Care visit.