PATIENT PARTNERSHIP PLAN

TO OUR PATIENTS:
We would like to welcome you to The Hand and Wrist Center. Our intent is to provide you with the service quality that you expect and deserve. However, in order to facilitate achieving the best medical care and service possible, we ask you to join us in our “Patient Partnership Plan.” As our “partner in health,” we ask that you assist our office in the following ways:

1. **Take responsibility for scheduling and attending follow-up appointments** (as recommended). Depending on your individual medical condition, failure to comply with a follow-up may cause your condition to retrogress. Even if you are not due for a follow-up visit, but you have a concern regarding your condition, feel free to call the office for an appointment.

2. **Assist our office in obtaining and communicating the results of your ordered diagnostic studies and other services.** We will determine and communicate to you which studies are appropriately required for optimizing your medical treatment, and we will do our best to obtain and communicate those results to you in the most timely manner. However, it is your responsibility to comply with these orders, and also we ask that you assist us in ensuring that these results are received. In the event that your results are not obtainable (either for patient privacy reasons, or other reasons, etc.), we may ask that you participate in obtaining these results directly from the facility/entity which has provided the testing service.

3. **Assist our office in obtaining the appropriate authorization(s) for the delivery of medical services and products.** Depending on your individual insurance coverage, certain services or products (i.e. splints, etc.) may require special pre-certification. Please be patient if our office delays the delivery for certain services and/or dispensing of products due to pending prior-authorization. We may ask that you contact your insurance representative, and/or primary healthcare provider to help expedite the pre-certification process.

4. **Communicate your decision to follow, or to NOT follow, our “Recommended Treatment Plan.”** Based on your individual medical condition, recommendations will be made regarding which treatment course is best for you. This may, or may not, include prescribing medication, ordering further diagnostic evaluations, conservative observation versus surgery, therapy, or referring you to another physician/specialist. If you do not agree with the treatment plan recommended, or you change your mind after having been seen, please communicate your decision to us. If you fail to do so, our office will not be able advise you of any associated risks or consequences which may result from your decision to delay or refuse treatment.

Lastly, we want you to know that as our patient, you have the right to be fully informed of your medical condition and the care associated. We encourage you to ask questions, report symptoms, and discuss any concerns you have regarding your care. We look forward to servicing you, and once again, welcome to our office and thank you for your participation.

Ross Nathan, M.D.  George A. Macer, M.D.  Patient signature  Date

Source: Cooperative of American Physicians, Inc.-Mutual Protection Trust (August 2006)