



## Patient Information and Treatment Contract

At Marin Orthopedics and Sports Medicine we strive to provide the most up-to-date treatment options that will benefit you. The following document helps prevent confusion about your responsibilities in treating your medical condition. Please read the following information carefully.

### Financial Responsibility

You are responsible for all of the costs of your treatment. Your insurance may or may not cover all of the costs associated with the plan of care pursued by you and your physician. All co-pays are due at the time of service. As a courtesy to you, we will bill and collect the amount allowed by your insurance contract for your treatment. We are not responsible for insurer's inadequate payment, unreasonable payment delays, or claim denials. We do our best to make sure planned treatments are pre-authorized for payment but advise that you make sure of your insurance benefits as well **before** undergoing treatments/procedures/surgical intervention. Please be aware that certain services are not typically covered under the scope of a routine office visit by your insurance and, as such, are billed as follows:

Forms and Letters:	\$25.00 per page
Pharmacy Medication Authorizations/Appeals:	\$50.00 per medication
Office Visit No Show:	\$50.00
Procedure/Surgery No Show:	\$250.00
Return Check Fee:	\$25.00

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P – 415.492.1600

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### Late Arrival Policy

Please be aware that if you are late to your appointment you may be asked to reschedule your visit or wait until we can fit you in after on time arrivals have been seen.

### Phone Call Policy

Our office receives a tremendous number of phone calls each day. In order to devote the appropriate care and attention to each patient in the office, our physicians typically will return phone calls during the lunch hour or after regular business hours. The Medical Board of California discourages physicians from providing treatment information over the phone, therefore, if you are experiencing a new problem please schedule a return office visit to discuss this issue in person. If you are having a serious emergency you may contact our office right away or dial 911. In general, we are not available to re-discuss issues over the phone with multiple family members. If you believe you will have difficulty remembering the treatment recommendations discussed during your office visit please bring a family member to the visit to assist with note taking or your recollection.



**Medication Refill Policy**

You are responsible for keeping track of your own medications. No prescription refills for lost medications will be issued. No routine controlled substance prescription refills will be authorized after hours or on the weekends. Please allow 72 hours notice for routine medication refill requests.

**Pain Medication Policy**

In addition to the above Medication Refill Policy these further guidelines apply to controlled substances: all controlled substance prescriptions must be picked up in person with a photo ID. All prescriptions for controlled substances must be filled by one office at one pharmacy. Evidence of obtaining a controlled substance by more than one physician or using multiple pharmacies without prior disclosure is grounds for discontinuation of medication refills. By accepting a prescription for a controlled substance you are agreeing to random urine drug screens and any possible associated costs of these screens so that we may confirm appropriate use of the prescribed medication. Presence of unauthorized substances or absence of your prescribed medications in a urine drug screen is grounds for discontinuation of medication refills. By accepting a controlled substance prescription from our office you grant our physicians and staff permission to discuss aspects of your care and medications with all involved physicians, hospitals, and pharmacies as medically necessary.

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Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature