



*S. BRENT BROTZMAN, M.D., PA  
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***DIPLOMATE OF AMERICAN BOARD OF ORTHOPAEDIC SURGERY***

***Website: [WWW.NORTHAUSTINSPORTSMEDICINE.COM](http://WWW.NORTHAUSTINSPORTSMEDICINE.COM)***

***WELCOME:***

Thank you for choosing our office. The medical services provided by this office are restricted to the portion of medicine referred to as orthopaedic surgery, which is the practice of caring for bones, joints, and the muscular components of the body. An orthopaedic surgeon is a physician who has received extensive additional specialized training for the treatment of these parts of the body, particularly when surgical correction is required.

***PRACTICE PROFILE:***

S. Brent Brotzman, M.D. is board certified by the American Academy of Orthopaedic Surgery and is a member of the American Orthopaedic Foot and Ankle Society and the American College of Sports Medicine. He is a former Division 1 team physician and the author of a nationally published textbook entitled Clinical Orthopaedic Rehabilitation. Dr. Brotzman specializes in injuries and fractures of the lower extremity (knee, foot, and ankle). Twenty percent of his practice is also "general orthopaedics". He does not treat back, neck, or spine problems, or injuries involved in a lawsuit or liability cases. Dr. Robert D. Graham II, M.D. is a board certified orthopaedic surgeon from the American Board of Orthopaedics Surgery. He is a member of the American Academy of Orthopaedics Surgeons, Texas Orthopaedics Association and the Texas Medical Association. He specializes in all arthroscopic techniques for repair of the rotator cuff tears, labral tears and instability of the shoulder.

***HIPAA COMPLIANT:***

The privacy of your medical information is important to us. We understand that your medical information and demographics is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information. **You have a right to a paper copy of this Notice.** You may ask **any one of our staff** to give you a copy of these rights at any time. We also have it displayed in our lobby for your pleasure to read while you are waiting. If you were able to do your new patient paperwork online and agreed to **Accept** the Notice electronically, you are still entitled to a copy of this notice.

***GENERAL DEMOGRAPHICS:***

Upon registration it is **Mandatory** that a copy of your Driver's License (or some form of a photo TX ID) and a **current insurance card** be provided for permanent identification in your chart. Please keep in mind that insurances are always updating ID cards regardless if the ID# is still the same or you are with the same company it is up to you to provide us with that information. It is also pertinent that we ask for **social security #'s** and **physical addresses**.

***FINANCIAL INFORMATION:***

Our office staff will be happy to discuss our fees or explain any benefits such as: deductibles, coinsurances, and what is and isn't covered. We want our patients to feel confident that they are receiving the best medical care for their dollar. Please remember that services received by you or your family members are your sole responsibility. **Unfortunately, payment is due at the time the services are rendered. We are also sorry to say that our office does not do any types of payment plans.** Upon request, we would be glad to provide you with a detailed itemized receipt of your visit here in our office.

### ***INSURANCE AND REFERRALS:***

Dr. Brotzman and Dr. Graham as well as their PA's are contracted providers for most insurance plans. Due to the high volume of insurance companies with whom we do participate by contract, we do not bill or accept other commercial insurances. If we are a provider for your insurance, we will generate a claim for them to pay the fees for the services that were rendered. **However, you will be expected to pay your co-payment, coinsurance, deductible amounts, and/or non covered items at time of each visit.**

It is the patient responsibility to obtain any **Referrals** that your insurance company requires you to have for initial office visit(s), for any new diagnosis, and on any follow up appointments after your referral expires. Should your insurance deny your claim or fail to pay a portion of the charges, you will be expected to make a full payment to the office within ten (10) days of their response. If the insurance has put a hold on your claim due to a lack of information requested to the patient such as: injury details, last insurance information, or a pre-existing questionnaire –the claim is made patient responsibility until we received payment from the insurance. The processing time after a claim is denied but receives the information from the patient -14 to 30 days. **Reminder: the longer you take to answer back your insurance means the longer it will take to get the claim paid.**

### ***ELECTIVE SURGERY AND FRACTURE CARE:***

**Surgery-** If **elective surgery** is the next step for your care then our office will schedule your surgery and re-verify all insurance information with you. Then our pre-certification department calls to verify benefits on your particular surgery before the scheduled date. If your surgery requires an authorization or pre-cert#, we will be happy to obtain that for you. **If there is a deductible or coinsurance in your benefits for surgery, we will need to obtain that before the surgery takes place.** The folder that is handed to you when surgery is scheduled contains important information, as well as contact numbers, it also contains a agreement that will need to be sign before leaving our office stating that you received the folder with pertinent information.

### ***FRACTURES***

If you or your family members are diagnosed with a fracture in our office, it is customary to charge for fracture care at the time of service. Insurance companies classify the treatment of fracture care as a surgical procedure; therefore, surgical benefits will apply to your office visit. **You will be expected to pay your deductible and/or coinsurance at the time of service.** Surgery and fracture care include a global period with a minimum of ninety (90) days of post operative or post fracture care. During this global period, you will not be charged for any return visits but will be charged for any x-rays, medical supplies (cast), and durable medical equipment (e.g. removable walking cast, cam boots, splints, etc.).

### ***MEDICAL RECORDS AND FORMS:***

This office holds your medical records in strict confidence. They will not be released to anyone without your written consent. **We do not accept any fax request.** All requests must be done in person or mailed along with payment \$25.00 and \$10.00 for billing. There is no charge for billing information for the patient. The release is then placed with your chart on the doctor's desk. Once the doctor gives it back to the medical records department, it is then released. There will a charge of \$15.00 to complete forms for any/all coming from either: employment, short term disability, FMLA, school, car insurances, supplemental insurances, and any AFLAC forms. Considering the high volume that come through our office, we are now charging to complete these in our office. Please give us 48 hrs to complete, unless the doctor is away from the office it will take longer that required time.

### ***ACKNOWLEDGEMENT:***

I understand the information that was provided to me above. I authorize my insurance benefits to be paid directly to the physician, and that I am financially responsible for any balance(s). By signing below I am authorizing **NORTH AUSTIN SPORTS MEDICINE** to treat me to the best of their knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NORTH AUSTIN SPORTS MEDICINE

## *DURABLE MEDICAL EQUIPMENT*

- ❖ Aces bandages
- ❖ Visco Heel Pads
- ❖ Post op cast shoes
- ❖ Dr. Scholl's pads
- ❖ Hapads
- ❖ Metatarsal pads
- ❖ Orthotics
- ❖ Plantar Fascia splints
- ❖ Spenco Shoe inserts
- ❖ Theraband (Rubberband)
- ❖ Finger splints
- ❖ Tennis elbow braces
- ❖ Toe straightner
- ❖ Wrist splints
- ❖ Knee Braces
- ❖ Camboot

## *ACKNOWLEDGEMENT:*

I understand that my insurance may not pay for these items and I will be responsible for payment of these items at the time of services are rendered.

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*Signature*

*Date*