

MICHAEL M. TABA, M.D., P.A.

ADVANCED ORTHOPEDICS

1705 OHIO DR. STE.200

PLANO, TX 75075

972-964-2626

972-964-8180 FAX

WELCOME to our practice! We are pleased you have chosen our practice for your orthopedic care. Our mission is to offer quality care to all our patients.

Please read the following office policies:

Appointments

Patients are seen by **appointment only and in time sequence**. If the physician is running late you will be notified as soon as that becomes evident and we will do our best to have your appointment on time.

Payment & Insurance

Please bring your current insurance card with you to each visit. This will help us verify your benefits. **All co-pays and deductibles are due at the time of service**. If payment arrangements need to be made, please notify the staff and we will be happy to work with you.

Forms

A **\$15 charge per page, no greater then \$45** may be assessed for the completion of any FMLA, Disability or other work forms that requires completion by a physician. **Please allow 7-10 days** for the completion of these forms. **As fees are not covered by insurance companies**, they are due at the time of service.

Medications

Any new medications at time of service will be called in at the **end of that clinic day**. Routine medication refills should be conducted through your pharmacy during business hours. Please allow full clinic day, for refill requests. We retain the right to refuse medication refills if you have not been seen in the office for greater than 3 months.

Release of Medical Records, Billing Records, and X-Ray

There is a copying fee of **\$25 for medical records**. There is a copying fee of **\$45 for billing records**. X-rays are available upon request at time of service on a disc for a **fee of \$15**. After date of service, a copy of x-rays can only be reproduced on paper.

Thank You,
Dr. Michael Taba & Staff

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Should inaccurate or omitted insurance information be supplied causing a reduction or non-payment of benefits, the obligation of payment will be transferred to the responsible party.

I hereby authorize the release of any medical information necessary for the processing of Insurance. I hereby assign all medical and /or surgical benefits to include major medical benefits which I am entitled to. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original.

Insured's Signature: _____

Date: _____

Health Insurance Portability and Accountability Act (HIPAA)

I hereby state that I have read, understood and agree to the HIPAA regulations.

Patient's signature: _____

Date: _____

*** Please make sure to provide BOTH signatures, and return all paperwork back to the receptionist when completed.