

**L. Scott Stoney, M.D. \*\*\*CALIFORNIA REHABILITATION, INC.**  
**Physical Medicine and Rehabilitation**

361 Hospital Rd, Suite #425  
Newport Beach, CA 92660  
(949) 548-4580

**OFFICE POLICY, PROCEDURES**

1. Payment for services rendered for each office visit and procedure are due prior to services provided unless prior arrangements have been made. ALL HMO, PPO, EPO and IPA contracted plan policies will be observed. Those patients must pay their co-payments and deductibles prior to services being rendered at each of their scheduled appointments. Insurance forms will be completed as a courtesy to the patient when needed, however additional fees will be required if any completed forms have been lost or destroyed by the patient
2. Changes in appointment times or cancellations must be made at least 24 hours in advance or a charge equivalent to a regular office visit or Physical Therapy visit will be assessed and billed to the patient or responsible party directly. **THIS IS NOT A BILLABLE CHARGE FOR YOUR INSURANCE CARRIER!!!**
3. Please Note: The ultimate success and outcome of Physical Therapy, surgical and diagnostic procedures will show the best results for you by complete co-operation and participation of ALL advisement prescribes for you. This means patient full participation and compliance. Even with full compliance and follow through, there are no guarantees as to the outcome and degree of healing and wellness. The outcome should be accesses according to your specific medical condition and not that of others.
4. Obtaining those medication prescribes for you is your responsibility. You must utilize your individual funds or insurance plans to purchase prescribed medication. You are responsible for lost prescriptions and loss of medications once your prescription has been filled by your pharmacist. Therefore, please be sure to treat your prescriptions and medications with care. Prescription replacements for these reasons will not be honored unless under emergent circumstances. Refills that have been previously discussed during office visits may be easily refilled by having your neighborhood pharmacist contact our office. If you have missed appointments or have not followed-up otherwise with the doctor, refills will not be authorized and you will be referred to our office to schedule the next available appointment.
5. All written and verbal materials related to past, current or future treatments are considered confidential and are not available to other individuals without your express written consent. Reports to referring or primary care physicians regarding plan of treatments and status reports may periodically be forwarded for authorization of continued care and treatment and as a courtesy to the referring physician. When billing your insurance carrier for special procedures, it may be necessary to attach appropriate documentation of the examination with the diagnosis, procedures, and the prognosis or disability data.

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Patient's printed name in full**

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**Patient or responsible party's signature**