



ORTHOPAEDIC ASSOCIATES OF ST. AUGUSTINE, P.A.
One Orthopaedic Place, St. Augustine, FL 32086
Telephone (904) 825-0540 www.oastaug.com

PATIENT POLICIES

Prescription Refills

Prescription refills may be phoned in during business hours – 8:00 a.m. to 4:30 p.m. Monday thru Friday. My pharmacy will be called each afternoon between 4:30 and 5:00 p.m. It is important I contact this office at least 2 days before my medication runs out to allow sufficient time for you and my pharmacy to refill my prescription.

Completion of Forms

Charges will be incurred for completion of special forms and reports, such as life insurance, disability, and so forth. Payment in full will be collected when the form is received. Please allow five business days for completion.

Privacy Practices

My signature confirms I was given a copy of OASA “Notice of Privacy Practices” as required under the Health Insurance Portability and Accountability Act (HIPPA).

Assignment of Benefits

My signature, or legal guardian’s, permits OASA to bill and accept payment from my health plan, Workers’ Compensation, Auto Insurance, Homeowners, Attorney, or other agency or facility paying my claims for medical services and items received by me. The remaining unpaid portion of my claims is my financial responsibility. I will pay co-payments at time of service per my insurance contract. OASA offers Care Credit for a payment plan. If a payment plan is not established, or payment has not been made within 120 days, my account will be turned over to a collection agency. I will be responsible for collection fees as appropriate under State of Florida regulations.

Consent for care and treatment

I hereby give consent for medical care and treatment, along with braces, splints, and other items related to my care, as provided by Orthopaedic Associates.

Date _____

Patient _____ Parent\Guardian _____

Print Name _____ Print Name _____