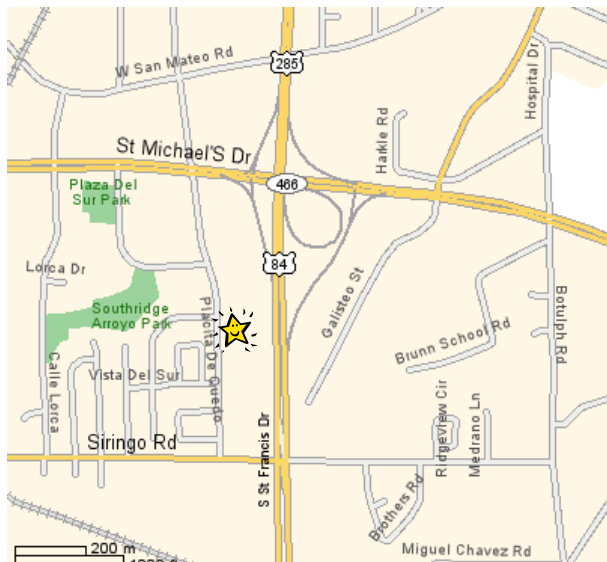


Below is a map that will better help you to find our office on Pacheco Street.



Driving Directions:

From Hwy. 285:

Follow 285 as it becomes St. Francis Drive. Exit on to St. Michaels Drive. Turn right (west) on to St. Michaels Drive. Turn left (south) at the first stoplight, Pacheco Street. 2055 S. Pacheco is on the left between PNM and the US Post Office.

From Highway 25:

Exit on to St. Francis Drive (north). Exit on to St. Michaels drive, turning left (west). After driving under the overpass, at the second stoplight you will turn left (south) on to Pacheco Street. 2055 S. Pacheco is on the left between PNM and the US Post Office.

OANNM (Suite 500) is in the southeast corner of the South Park office complex, behind Anasazi Medical Associates.



**Orthopaedic Associates of
Northern New Mexico, P.C.**
(OANNM)

New Patient Information

- Your First Visit to OANNM
- Map and Directions to Office
- Financial Policy and Information

Orthopaedic Associates of Northern New Mexico
200 South Pacheco St., Suite 500
Santa Fe, NM 87505

For Appointments: (505) 424-0200
Fax number: (505) 424-6608

Thank you for choosing Orthopaedic Associates of Northern New Mexico, P.C. (OANNM) to provide your orthopaedic care. Jan Bear, Sann Gossum, Michelle Ratliff and all of the staff welcome you to our practice.

Your First Visit to OANNM

You need to arrive 20 minutes early for your initial appointment. When you first arrive at our offices, you will be asked to sign in according to the provider you are seeing.

Please bring the following items with you to your first appointment:

- **Health Insurance card of patient**
- **Photo Identification (Driver's License) of the Responsible Party (self or parent/guardian)**
- **Referrals patient has received from primary care physician, ER, etc.**
- **Workers Compensation claim information**
- **X-Rays taken at the ER or Urgent Care (if applicable)**

In addition, if you have not been seen by Dr. Bear, Dr. Gossum, Michelle Ratliff PA-C, or the OANNM staff (MRI, X-Ray, Techs, etc.), you will need to read and complete the following information:

- Patient Information Form
 - Insurance Information required
 - Includes personal, employment and address information
- Patient Rights and Responsibilities
- Notice of Privacy Practices
- Financial Policy Acknowledgement
- Medical History

These forms are also located on our website: <http://orthodoc.aaos.org/OANNM/>. If you have internet access, you are encouraged to print the forms, complete and bring to your appointment. Bringing completed forms will ensure easy registration in preparation for your appointment.

Payment Due at Time of Service

Full payment is due at the time of service. Full payment is defined as any portion of the charges not covered by your insurance. Examples include co-payments, deductible, co-insurance, charges for non-covered services, and/or insurance providers of which our staff are not affiliated.

Health Insurance

We will bill your insurance company as a courtesy to you. Because your policy is a contract between you and your insurance company, it is your responsibility to know your insurance policy and be familiar with your coverage. If your insurance has not paid your bill within 45 days, you are required to pay the balance owed. You should contact your insurance company immediately if you have questions regarding coverage or payment of your claims.

Referrals

If a referral or prior approval is required, it is your responsibility to obtain the referral or approval before your visit.

Workers Compensation

Because pre-approval is required, the following information is needed prior to your appointment in order to ensure coverage by the workers compensation carrier:

- Name of the Workers Compensation Carrier
- Contact information: Agent name, telephone number, facsimile number
- Claim Number
- Authorization Number (if available to you)

Providing this information will ensure proper payment. Without it, your Workers Compensation Carrier may deny your claim. You will then be fully responsible for the charges incurred as a patient at OANNM.

Your appointment is scheduled for:				
M	T	W	TH	F
_____			at	_____
with				

Self-Pay, Personal Injury, Auto and Third Party Payer

The following requirements apply if you are paying for your treatment, either as a self-pay patient or as a patient who will then be reimbursed by an insurance agency or by an attorney.

- At your initial visit, you will be required to pay the entire balance of your account, up to \$250.00, with cash, check or credit card. Any amount above \$250.00 can be put on a payment plan (minus the required \$250 payment). You will need to talk with a Billing Representative who will set up a standard payment plan according to our financial policy.
- If you do not bring the \$250 payment to your initial visit, your appointment will be rescheduled.
- We will not accept Letters of Intent or Letters of Protection.

Surgery Estimate and Prepayment

If you require surgery, as part of the pre-operative process we will make an estimate of the fees. The actual charges billed for your surgery will reflect the procedures performed and may differ from the estimate. Prepayment is due at your final pre-operative appointment as follows:

- Health Insurance Plans: unmet deductible and estimated co-pay
- Self-Pay: at least one-third of estimated fees

Payment Options

- You may pay by cash, check or credit card at the time services are provided.
- Three equal payments within 90 days from the date of service. You will be provided with payment coupons.
- Payment plans extending beyond 90 days must be agreed to in writing by the Billing Team. If no payment plan is in place, your unpaid balance is subject to collection procedures and additional collection costs. Ask your Billing Representative for more information regarding payment plans. (Payment coupons will be provided for your convenience. You will **not** be invoiced each month for your outstanding balance.)