

Southwest Neurology, P.A.  
Walter L. Taylor, M.D.

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## WELCOME TO OUR PRACTICE

Thank you for choosing **Southwest Neurology, P.A.** known as (**SWN**) in this document to assist you in your medical care. It is our goal to meet the needs of our patients. We hope to leave you informed and more than willing to return should the need arise.

**Insurance:** We file your insurance as a **courtesy**. If you are a new patient or your insurance has changed, please fax a clear copy of the front and back of your card to our office. Or provide the necessary information to our office in advance of your appointment so that we can verify your insurance and benefits before your visit. This will ultimately save you time in our office. At the time of your visit please present your insurance card(s) again so that we may make a clear copy if one was not available. Also bring a photo I.D. (drivers license, student I.D. card) for identification purposes. We accept only traditional Medicaid. You must fax in advance a copy of this statement. You also must present it at the time of service.

**Medical Records:** If you are a new patient please make sure your medical records are faxed to our office in advance. It is not necessary for you to bring actual films; only the reading of the film is required and can be faxed, unless otherwise requested by Dr. Taylor. If you are a follow-up patient and were asked to get lab work done, please call your lab and make sure the results have been faxed to our office. Patients can go anywhere, anytime to get lab work done unless otherwise directed by Dr. Taylor. If you are requesting medical records be sent to another physician there is no charge. Please provide us with written authorization to whom you want the records sent and allow 24-48hrs to accomplish this and we will gladly do this on your behalf. If you want records for yourself, your disability insurance, or to complete a physician medical statement of health, or a **PAF** (patient assessment form) there is a charge of \$25.00 due from the patient. This is due in advance. **Unless** an office visit may be necessary per the request of the Doctor. We will gladly provide you with the records, please allow 24-48 hrs for this request.

**Co-Pays** are due and payable upon check-in after your insurance has been verified. You may also be responsible for any co-insurance, deductibles and any non-covered benefits determined by your insurance company. If your insurance plan is a **HMO** a **referral is required from your PCP, Primary Care Provider**. This is the responsibility of the patient to contact their PCP and request a referral be faxed to our office. If a referral is not obtained, you will be asked to reschedule your visit.

**Worker Compensation Claims:** Patients are responsible for providing all the necessary information to file a claim. This includes: Date of Injury, the diagnosis of the injury, a claim number, the third party who has accepted the responsibility for payment, the adjuster who is handling your case and their telephone and fax number. **Plus**, the patient

must get a referral from their PCP (primary care provider) if required per your plan and/or a statement of medical necessity form from your adjuster for services we are going to provide. This must be done **before** your visit. If not you will be asked to reschedule your visit. This is the same procedure for all visits including all **follow-up appointments**. Your bills with **SWN** must be paid current or you will also be asked to reschedule your appointment.

**Prescription and Refills:** This is the policy of our office: Prescriptions will be given to the patient at the time of service. Please do not ask office personnel to fax or call in any prescriptions, as this is the patient's responsibility. We do not fax prescriptions to your mail in pharmacy. The insured person has all the plan specific forms for you to complete for any mail in forms. Your actual prescription is the Doctors authorization. If you need to mail in a 90-day request and purchase a 30-day supply please inform the doctor at the time of service and he will provide you with (2) prescriptions for this. We also do not mail any prescriptions, the patient must pick them up or the patient is to inform us and give us written authorization to release the prescription to other than the patient. If you request a refill and it has been (6) six months or longer the Doctor will deny the prescription and you must make an appointment to see him for follow-up on your medications.

**Appointments:** Should for any reason you are unable to make your appointment please contact our office 24 hours in advance. This is courtesy for other patients that are waiting to see the Doctor. If your medical records reflect a chronic no-show visits **SWN** reserves the right to terminate you from our practice for non-compliance.

If you have any problems, concerns or suggestions, please don't hesitate to contact the manager of our office or the Doctor to inform them. You are our patients and our first priority and will we try to accommodate you in anyway possible.

Again, Welcome to our practice.

Walter L. Taylor, M.D.