



Patient Name: \_\_\_\_\_

### Pre-Surgical Checklist

PT initials: \_\_\_\_\_ Date rec'd: \_\_\_\_\_

**Hospitals:** (Be sure to be specific as some insurance plans cover the hospital system overall **except** for the campus where Dr. Clark does surgery.)

- Saint Vincent Hospital: 123 Summer Street, Worcester, MA
- Milford Regional Medical Center: 14 Prospect Street, Milford, MA
- UMass Memorial Medical Center, **Memorial Campus**: 119 Belmont Street, Worcester, MA

**Insurance:** While we will work with your insurer about many issues, it is **your responsibility** to check with your insurance for this information prior to deciding on a surgery date and surgery location:

- Call your insurance company & talk to them about each of the hospitals Dr. Clark goes to; you must see if they are in-network or out-of-network for **outpatient surgery** for your plan.
  - If they are **in-network** you need to know:
    - If a copay, coinsurance, or deductible would apply.
    - How much the copay or deductible would be, and/or what the **percentage of coinsurance** is.
      - Coinsurance is a percent of the total amount your insurance would pay for specific procedure codes and so they would not be able to give you the exact amount without those codes, just the percentage.
  - If they are **out-of-network** you need to know:
    - If they would cover outpatient surgery here with an authorization in place.
      - If not, then you don't need any further information on this location.
      - If so, then you would also need to know everything listed above under in-network.
- You **do not** need any procedure codes to get the above information.

**Booking:** Once you have acquired the above information from your insurance company and have a known preference for hospital location, you will need to contact Taylor to start the booking process. Please note the following:

- Taylor is Dr. Clark's surgical scheduler; her preferred contact method is via email at [frontoffice@nermas.com](mailto:frontoffice@nermas.com). If you cannot email, she can also be reached via phone at (508) 917-6720, option 3.
- Taylor will **only** have all the appropriate information needed to book your surgery once you have been fully evaluated by Dr. Clark & a surgical plan has been set by both of you at your **surgical discussion** visit.
- If you are unable to speak with Taylor or are emailing her, please provide your hospital preference(s), estimated timeline, your name, and contact information so that she can get back to you when she is able.
- It is important to note, she may or may not be able to meet your desires for location and/or timing.
- You are required to pay your estimated patient responsibility at the finalization appointment for the surgery.
- If your surgery date needs to be changed once it has already been set, there is a **\$450 administrative fee** associated with that change. This fee must be paid prior to the rescheduling of your surgery.

**Forms:** You may have forms related to surgery which you would like us to complete. As these can be a fair amount of work for us, **there is a fee assessed** (see next page). We require you complete your portion of any paperwork prior to getting it to us. Additionally, we also required you to get your forms to us **at least 14 business days** prior to the required due date and we will notify you when the forms are ready. This paperwork can be sent to our email at [talktous@nermas.com](mailto:talktous@nermas.com) or via fax at (508) 917-6721.

**Labs/Consults/Testing:** You must make sure that we have your most recent pap smear on file, and you may be required to have additional testing, all prior to surgery.

- Additional testing (such as a **stress test** or **ekg**) or other provider consultations (seeing your **PCP, cardiologist, etc.**) may also be required. We will need your help and cooperation to get these done prior to your surgery, which may be cancelled if these additional requirements have not been met.
- **Additional information may sometimes be required** for your insurer to authorize a surgery. Please make every effort to ensure you provide us the information immediately to avoid delaying authorization of your surgery.

**Questions? Please call the office at (508) 917 – 6720.**

**\*\*Prices/policies subject to change without notice\*\***

Updated 3/16/23



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**Fee Schedule:**

Declined card assessment	\$10/decline				
Administrative fee for all records/imaging requests	\$15				
Record request	\$0.50/pg	1-100 pages	\$0.25/pg	101++ pages	
Certificate/letter	\$15				
Disability/leave paperwork	\$30	1 pg	\$40	2 pgs	\$50 3 pgs \$60 4 pgs
Priority/rush (< 14 business days' from request)	\$20				
Disk of images	\$30				

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