



Newbridge

Spine & Pain Center

Patient Handbook

Frederick, MD (301) 668-9988
Prince Frederick, MD (410) 414-9229
Waldorf, MD (301) 638-4400
Leesburg, VA (703) 443-8000
TTY: MD (800) 201-7165 / **VA** (800) 828-1120
www.NewbridgeSpine.com

Welcome to Newbridge



On behalf of everyone at Newbridge Spine & Pain Center, thank you for choosing us to manage your medical needs. Our team is dedicated to providing you with personalized effective care. This patient handbook is designed to give you information about our practice, the services we offer and our approach to customized pain management.

We appreciate the trust you have given us and will continually strive to exceed your expectations.

Best Regards,

Jay Gonchigar

Jay Gonchigar, MD

About Us

Our Locations

Frederick

196 Thomas Johnson Dr.
Suite 215
Frederick, MD 21702
P (301) 668-9988
F (301) 668-9977
TTY (800) 201-7165

Prince Frederick

80 Sherry Lane
Suite 101
Prince Frederick, MD 20678
P (410) 414-9229
F (410) 414-9339
TTY (800) 201-7165

Waldorf

3581 Old Washington Rd.
Suite F
Waldorf, MD 20602
P (301) 638-4400
F (301) 638-2200
TTY (800) 201-7165

Leesburg

161 Fort Evans Rd, NE
Suite 340
Leesburg, VA 20176
Phone (703) 443-8000
Fax (703) 443-8100
TTY (800) 828-1120

Office Hours

Monday through Friday, from 8:00 AM to 4:00 PM. After hours or on weekends, call the number of your local Newbridge location (above) and follow the prompts.

Billing Office

Our Billing office is located in Ashburn, Virginia and can be contacted by phone 703-831-1135 or fax 703-831-4151.

Who We Are

As required by state and federal regulations, Newbridge Spine & Pain Center, LLC, Newbridge Spine & Pain Center of Virginia, LLC, Newbridge Surgery Center at Frederick, LLC, Newbridge Surgery Center at Prince Frederick, LLC, and Newbridge Surgery Center at Waldorf, LLC are solely owned by Jay Gonchigar, MD.

Our Mission Statement

To effectively provide relief to our patients experiencing acute or chronic pain. To compassionately and professionally treat all forms of our patient's physical, mental and emotional pain to enable them to live a more comfortable and productive life.

Our Philosophy

Newbridge provides high quality, compassionate health care for patients while ensuring a patient-focused, caring and friendly workplace for our staff.

Our Vision

To create inner peace for our patients by providing relief from the effects of their acute and chronic pain.

Newbridge Facilities

Newbridge does not discriminate against any person due to sex, race, religion, color or national origin both in our patient care and in our hiring practices. All facilities are handicap accessible. Newbridge is an equal opportunity employer.

Our Services

Cervical Epidural Steroid Injection:

For neck, upper back, shoulder and arm pain.

Cervical Facet Injection

For headaches, neck, shoulder and upper back pain.

Cervical Medical Branch Block

For headaches, neck, shoulder or upper back pain.

Cervical Radiofrequency Ablation

A procedure to diagnose and treat headaches, neck, shoulder and upper back pain. Also known as cervical facet thermal coagulation or rhizotomy.

Discography

Procedure to diagnose tears in the intervertebral discs.

Lumbar Epidural Steroid Injection

For lower back and neck pain.

Lumbar Facet Injection

For lower back, buttock, hip and groin pain.

Lumbar Medical Branch Block

For lower back, buttock, hip and groin pain.

Lumbar Radiofrequency Ablation

For lower back, buttock, hip and groin pain. Also known as lumbar facet thermal coagulation or rhizotomy.

Sacroiliac Joint Injection

For lower back and buttock pain.

Thoracic Epidural Steroid Injection

For upper and mild back pain.

Thoracic Facet Injection

For upper and middle back pain.

Thoracic Medical Branch Block

For upper and middle back pain.

Thoracic Radiofrequency Ablation

For upper and middle back pain.

Initial Patient Visit

Patients are provided with a Newbridge New Patient Packet to be completed prior to their first visit at Newbridge. Patients are asked to complete all information sections, sign where requested and bring all previous written reports of x-rays, MRIs, CT scans and/or EMGs with them to their initial visit. Patients may bring films to their first visit as well, however, written reports are more valuable to the physician. To obtain written reports, patients are asked to contact the facility where previous procedures were done at least 48 hours prior to their first appointment and request the reports be faxed to Newbridge.

Patients are asked to bring the following items to their first visit:

- Your entire completed New Patient Packet
- The last page of your New Patient Handbook (please sign and date)
- Medical insurance card (Our pre-authorization specialist will verify your insurance coverage prior to your first visit.)
- Any copay and/or deductible payment
- Driver's license or photo identification
- Referral documentation from your referring physician
- All previous written reports of x-rays, MRIs, CT scans and/or EMGs

Important new patient information:

- Newbridge physicians will not give a patient a narcotic prescription during an initial visit.
- Newbridge will confirm with the patient's primary or previous pain physician to verify the patient's medications and the date of the last prescription.
- As Newbridge is not an urgent care facility, patients requiring immediate medical attention are strongly encouraged to go to the closest hospital emergency room.
- As Newbridge is not a walk in clinic, scheduled appointments are required to be seen by a physician.
- Newbridge physicians do not perform "Functional Capacity" exams. These exams are done by "Physical Medicine Physician." If a patient needs to visit a "Physical Medicine Physician," they are encouraged to contact their insurance company to locate one.

Privacy Act Statement

This statement gives notice as required by the Healthcare Portability & Accountability Act of 1996.

Sections 1102(a), 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act of 1974 provides our office with the authority to collect your information, including your social security number, for assessment.

Patients have the right to have their personal healthcare information kept confidential.

- Every patient's personal health information is kept confidential and is only provided to authorized parties.
- No information will be shared with a spouse, family member, friend or significant other without a signed release from the patient.
- No medical records will be released to an unauthorized third party without a signed release from the patient with the exception of the patient's referring and primary care provider.
- Safeguards are in place with passwords for all employees to guard against illegal entry into our computer system by unlawful users. Users are restricted to only the information needed to perform duties for the office. No employee is allowed to take work home.
- If a chart must be removed from the office, it will be signed out only by a physician solely responsible for safeguarding and returning the records as soon as possible.
- A locked fireproof box is required for transport of medical records from this office.
- All employees and vendors sign a confidentiality agreement to protect patient information.
- All patient charts are locked in a file cabinet when the office is not occupied.

Reasons for collecting information from patients:

- A complete assessment must be done to accurately reflect a patient's current health. This includes information that can be used to show progress toward a patient's health goals.
- Information must be received from each patient to document quality standards are being met and appropriate health care is being provided to patients.
- Personal and demographic information is collected and utilized for patient identification and insurance verification purposes.
- Patients have the right to refuse to provide information. If patients refuse to provide or provide inaccurate information, the information will be completed as best as possible. However, if a patient does not provide enough information to provide proper treatment, providers have the right to deny services to the patient.
- Patient information is protected under HIPAA's privacy and security provisions.
- Patients have the right to see, copy, review, and request correction of their information at any time.

Purposes for which a patient's information is intended to be used:

- To file insurance claims on the patient's behalf for reimbursement for services rendered.
- To supply documentation on the patient's behalf for disability claims or litigation brought by the patient for injuries involving Worker's Compensation or PIP.
- To supply information to primary or referring physicians documenting the patient's treatment progress.
- To support regulatory and policy functions.
- To assess the effectiveness and quality of care.
- For survey and certification by Health Care Financing Administration (HCFA), State of Maryland, Commonwealth of Virginia and Joint Commission of Healthcare Organizations.
- To provide information to a patient's insurance provider for payment of the patient's claim.

Purposes for which patient information is intended to be used (continued):

- To provide information for disability claims by the patient.
- To provide information on a patient's condition for Worker's Compensation.
- For any litigation by the Department of Justice involving HCFA.
- For contractors or consultants working for the HCFA to assist in the performance of a service related to this system of records and who need to access these records to perform their activities.
- For an agency of the state for developing and operating Medicaid reimbursement systems.
- For Federal or State agencies to contribute to the accuracy of HCFA's health insurance operations.
- For peer review organizations for the purpose of assessing and improving care.
- For any congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.
- Patients must provide written notice if they do not want their records reviewed by regulatory agencies.

Effects on a patient if a patient does not provide requested information:

- As correct and complete information is needed to give patients high quality of care, incorrect or false information may compromise a patient's quality of care
- Incorrect or incomplete information may result in billing errors
- If a patient does not provide enough information to provide proper treatment, providers have the right to deny services to the patient.

Patient health information rights:

- While patient medical records remain the physical property of the office, the information belongs to the patient. Patients have a right to:
 - Obtain a paper copy of this notice of information practices upon request.
 - Inspect and copy their health record as provided for in 45 CFR 164.524.
 - Amend their health record as provided in 45 CFR 164.528.
 - Obtain an accounting of disclosures of their health information as provided in 45 CFR 164.528.
 - Request communications of their health information by alternative means or at alternative locations
 - Request restriction on certain uses and disclosures of information as provided by 45 CFR 164.522.
 - Revoke authorization to use or disclose information except to the extent of action already taken.

Patient Confidentiality

Patient records may be audited by health insurance companies, Medicare or the Office of Inspector General of the United States, for compliance with regulations. Medical records may also be seen by accrediting organizations, including Joint Commission for Accreditations of Healthcare Organizations, AAAHC or AAAASF. Patients have the right to receive a list of any and all entities receiving copies of their medical records and the reasons for disclosure. Patients must provide written notice if they do not want their records reviewed by regulatory agencies.

It is the policy of Newbridge to maintain patient privacy and confidentiality as mandated by the HIPPA Act of 1996. A patient's medical information will only be disclosed to previously unauthorized outside parties with the patient's written permission and verbal acknowledgment to a staff member that they are giving up their right to patient privacy and confidentiality. Patients are asked to make their family and friends aware of this patient confidentiality policy.

Newbridge Patient Bill of Rights

Patients at Newbridge have the right to:

1. Be treated with respect, consideration, comfort and full recognition of dignity and personal privacy, including privacy during personal hygiene activities
2. Be cared for in a safe clean environment, free from abuse, neglect or harassment
3. Be assured confidential treatment, disclosure of records and afforded the opportunity to approve or refuse the release of such information, except as otherwise permitted by law of third party payment contract and when release is required by law.
4. Know the name and function of any person providing health care services as well as the names and relationships of physicians who may care for them in the absence of their attending physician.
5. Be provided information about health status, diagnosis, and prognosis prior to treatment or procedure, in order to make an informed decision/consent. If patient not medically advisable, information to be given to patient representative or surrogate.
6. Be afforded the opportunity to participate in planning their medical treatment and to refuse to participate in experimental research.
7. Request a second opinion.
8. Obtain a reasonable response to any reasonable requests for service.
9. Refuse treatment to the extent permitted by law and to be informed of the medical consequences.
10. Receive communication in the language they understand.
11. Obtain treatment without regard to race, color, creed, religion, sex, national origin or payment source, except for fiscal capability thereof.
12. Receive information about available services, provisions for after hours and emergency care, available educational material and applicable practice policies.
13. Receive, examine and question information regarding charges for treatments received.
14. Obtain an estimate of the cost of treatment not covered by their insurance prior to that treatment.
15. Receive reasonable continuity of care and to know, in advance, the time and location of appointments.
16. Designate their treatment areas as non-smoking areas.
17. Leave Newbridge against the advice of the attending physician.
18. Request termination, recording or filming of a procedure, even if consent was given prior to the procedure.
19. Withdraw consent for observer at any given time.
20. Make an advance directive appointing someone to make health care decisions on their behalf. Advance directive forms and assistance in completing these forms is available to all patients.
21. Be free from any act of discrimination or reprisal if grievance is filed. There is no retaliation for filing a complaint and future access to care will not be compromised by filing a complaint or grievance.
22. Receive contact information for and submit a complaint about patient care to the Newbridge Administrator.
23. Submit a complaint to the following State Agency: State of Maryland Department of Health and Mental Hygiene, State Program Manager for Ambulatory Care Programs, Spring Grove Center, Bland Byrant Building, 55 Wade Avenue, Catonsville, MD 21228 (410) 402-8040 or (800) 492-6005 Fax (410) 402-8277 TTY: (800) 201-7165 <http://dhmh.maryland.gov/ohcq>
24. Submit a complaint to the following Medicare Beneficiary Ombudsman: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Patient Responsibility Statement

Newbridge patients are responsible for the following:

- Providing, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health.
- Participating in health care decisions and following the treatment plan outlined by the practitioner responsible for his/her care. This includes following instructions of the physicians, nurses and other health care personnel carrying out the plan of care and enforcing rules and regulations.
- Assuring the financial obligations of their health care are fulfilled as promptly as possible, and in the case of financial difficulty, making all reasonable efforts to meet any agreed upon financial payment plan.
- Results of refusing treatment or non-compliance in following a treatment recommended by a physician.
- Knowing and following Newbridge rules and regulations affecting their care and conduct
- Being considerate of the rights of other patients and Newbridge personnel
- Assisting in the control of noise and not smoking while in the office.
- Being respectful of other persons and office property.
- Making any concerns or complaints they may have known to Newbridge personnel.

Patient Responsibility Statement (continued)

- Ensuring they understand all information regarding the implications of their symptoms, surgery or procedure (if applicable), and any risks related to having, or declining, such surgery or procedure.
- Ensuring they understand the expected outcomes of the treatment outlined by their physician; and their responsibilities in regards to their treatment plan.

Patients believing his/her privacy rights have been violated may file a complaint with the Newbridge Privacy Officer, or with the Federal Office of Civil Rights, Department of Health and Human Services. There is no retaliation for filing a complaint with either the Newbridge Privacy Officer or the Office of Civil Rights. Contact the Office of Civil Rights at: Office for Civil Rights, U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, or call 1-800-368-1019 / TTY: 1-800-537-7697

Patient Complaints, Concerns and/or Comments

Patients may contact:

1. **Debra A. Turner, Newbridge Spine & Pain Center Administrator/Chief Operating Officer**
196 Thomas Johnson Drive, Suite 215, Frederick, MD 21702
Phone: 301-668-9988 / Fax: 301-668-9977 / TTY: 1-800-201-7165
2. **Maryland Office of Healthcare Quality, Program Manager for Ambulatory Care Programs**
State of Maryland Department of Health and Mental Hygiene, State Program Manager for Ambulatory Care Programs, Spring Grove Center, Bland Byrant Building, 55 Wade Avenue, Catonsville, MD 21228 (410) 402-8040 or (800) 492-6005 Fax (410) 402-8277 <http://dhmh.maryland.gov/ohcq>
3. **Virginia Complaints Against Health Care Facilities**, Complaint Intake, Office of Licensure and Certification, Virginia Department of Health 9960 Maryland Drive, Suite 401, Henrico VA 23233 804-367-2106 or 800-955-1819 / Fax: 804-527-4503 / Email: OLC-complaints@vdh.virginia.gov
<http://www.vdh.virginia.gov/OLC/Complaint/>
4. **Medicare Beneficiary Ombudsman**
The Office of the Medicare Ombudsman's (OMO) core tasks as mandated by Congress are to receive complaints, grievances, and requests for information from people with Medicare; provide help regarding complaints, grievances and requests for information and submit an annual report of OMO activities to Congress and the Secretary of Health & Human Services (HHS.) For more information, please visit: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>
5. **Charles County** - Department of Community Services, Aging & Senior Programs
8190 Port Tobacco Road, Port Tobacco, MD 20677
Phone: 301-934-9305 or 301-870-3388 / Fax: 301-934-5624 / TTY: 1-800-201-7165
6. **Calvert County** - Calvert County Ombudsman Program, Office on Aging
450 West Dares Beach Road, Prince Frederick, MD 20678

Phone: 410-535-4606 / Fax: 410-535-1903 / TTY: 1-800-201-7165

7. **Frederick County** - Ombudsman, Frederick County Department of Aging
1440 Taney Avenue, Frederick, MD 21702
Phone: 301-600-1605/ Fax: 301-600-3554 / TTY: 1-800-201-7165
8. **Loudoun County** – Loudoun County Area Agency on Aging
20145 Ashbrook Place, Suite 170 Ashburn, VA 20147
Phone: 703-777-0257 / Fax: 703-771-5383 / TTY: 1-800-828-1120

Medicare Fraud

Many physicians, providers, and suppliers are committed to providing high-quality care to their patients and billing Medicare only for the services provided. Most Medicare payment errors are simple billing mistakes, not the result of someone trying to take advantage of the Medicare Program. Fraud occurs if someone intentionally falsifies information or deceives Medicare. A common example of fraud is purposely billing Medicare for services never provided or received. To report suspected fraud or abuse, please contact:

Office of Inspector General (OIG) Fraud Hotline

P.O. Box 23489, Washington, DC 20026

Phone: 1-800-447-8477 / Fax: 1-800-223-8164 / TTY: 1-800-377-4950

Email: HHSTips@oig.hhs.gov

<https://oig.hhs.gov/fraud/report-fraud/index.asp>

Advance Directive (Living Will)

The “Maryland Healthcare Decision Act of 1993”, “Virginia Health Care Decisions Act of 2009” and the federal law “The Patient Self Determination Act” state that you have the right to make healthcare decisions in advance through instructions called “Advanced Directives for Healthcare.” Competent adults have the right to decide whether to accept, reject, or discontinue medical treatment for themselves. This includes decisions concerning life-sustaining treatments, such as breathing machines or feeding tubes. Sometimes it becomes impossible for individuals to communicate their wishes regarding their healthcare due to conditions such as coma resulting from accident or illness. In these situations others must make medical decisions for the patient. An Advance Directive allows you to make healthcare decisions in advance so that your wishes can be honored in the event you cannot make your wishes known yourself.

Two types of Advance Written Healthcare Directives:

- (1) Appointment of healthcare agent is a written document in which a patient indicates another person to make healthcare decisions for them when they are unable to make those decisions for themselves. The patient’s condition does not have to be terminal or irreversible for a healthcare agent to be appointed. In most cases, appointment of a healthcare agent takes effect when the patient is unable to express their own healthcare requests.
- (2) A Living Will is a written document that explains the specific treatments a patient does or does not want when they are terminally ill or in a persistent vegetative state. A living will only becomes effective when a patient’s condition is terminal.

Blank copies of Advance Directive forms are available at Newbridge. Patients are asked to provide copies of completed Advance Directive forms to Newbridge to be placed in their patient file.

Security Surveillance Monitoring

By signing the Patient Acceptance of Newbridge Policies and Procedures page of this document patients and visitors understand that the common areas of Newbridge may be monitored by video/audio surveillance at any/all times.

Newbridge Billing Policy

The following constitutes Newbridge's Billing Policy and applies to all Newbridge patients:

- Payment is required when services are rendered. Accepted forms of payment include cash, checks, money orders, VISA and MasterCard.
- Rescheduling or canceling an appointment or procedure must be done at least 24 hours prior. If 24-hour advance notice is not provided, the patient will be assessed a \$25 fee for office visits and \$100 fee for procedures.
- Deductibles, co-payments and co-insurance amounts must be paid in full prior to receiving medical care and/or seeing a physician. Patients are responsible for verifying the amount of their deductible with their insurance company prior to their initial visit. Deductibles are due in full at the time of initial and subsequent visits.
- Insurance claims are filed on behalf of patients; however, patients are financially responsible for paying their own personal deductible and/or insurance co-payment.
- Patients are responsible for providing current primary and secondary insurance information at the time of their initial visit. Otherwise patients are financially responsible for charges not covered by their insurance.
- Patients are responsible for providing any insurance changes and/or updates. If a patient's bill is incorrectly submitted to an insurance company due to a lack of updated information, the patient will be charged a \$25 service fee and held financially responsible for charges not covered by their insurance.
- Patients without insurance and those unable to pay their deductible and/or co-payments are required to schedule and attend a meeting with the practice billing manager during which a payment plan must be arranged. At each appointment the payment plan must be current prior to receiving medical care or seeing a physician.
- If a patient's check is returned unpaid for any reason by the issuing bank, patients are liable for the amount of each returned check plus a \$25 service charge.
- If a collection agency is required to collect a past due amount, the patient remains financially responsible and will be charged for the collection agency's fee in addition to the past due amount.
- This medical practice complies with Stark Law in regards to governing physician referrals and payments for those practices.
- Patients are required to present insurance cards for re-verification at each visit.
- Patients are assessed a \$25 fee if additional paperwork, such as disability forms and/or secondary insurance forms, must be completed by our office staff.
- Patients are assessed a fee according to current state law if medical records are provided to an authorized party.
- If a patient's health insurance plan is not an acceptable form of payment but the patient has out-of-network benefits, the claim will be filed on behalf of the patient. Patients are responsible for additional out-of-pocket expenses. Patients are strongly encouraged to contact their insurance company to verify benefits and requirements for out-of-network doctor visits.
- Patients are required to sign a copy of this billing policy agreement to be placed in the patient's medical file prior to their initial consultation.
- **Referrals:** If a patient's insurance company requires a referral be obtained prior to services rendered at a specialist, it is the patient's responsibility to obtain the referral from their primary physician and present it during their initial visit in order to be seen by the physician. If a patient inadvertently receives medical care or visits with the physician without a required referral, the patient will be financially responsible for the visit. If subsequent referrals are required, it remains the patient's responsibility to obtain and present the referrals at each applicable visit.

Continued on next page...

Medical Billing Policy (Page 2)

- **HMO:** Accepted providers must be verified by the patient and applicable referral paperwork must be provided to our office prior to receiving medical care.
- **MAMSI, MDIPA and Optimum Choice:** A referral is only required for the initial visit. However, a “Treatment Plan” must be submitted to the patient’s primary physician for approval and signature and then returned prior to any additional treatment. A pre-authorization specialist will manage this approximate two-week process.
- **Personal Injury Protection (PIP):** A pre-authorization specialist will verify the amount of PIP coverage available. Personal health insurance information is required so charges not covered by PIP can be submitted to the patient’s personal health insurance company. If a patient’s health insurance company requires a referral, it *must* be obtained and presented during the patient’s first visit, even if a claim is being filed to PIP.
- **Attention Worker’s Compensation:**
 - ▶ Worker’s compensation patients are required to provide correct case and financial coverage information prior to their first visit related to the case. Otherwise a \$25 service fee will be charged to update medical and financial records as needed.
 - ▶ Worker’s comp medical claims cannot be filed with personal insurance companies because treatment related to a worker’s comp case is not covered under personal insurance plans. If submission of worker’s comp charges to a personal insurance company is attempted, the worker’s comp patient is then personally responsible for all charges.
 - ▶ Worker’s comp patients are responsible for securing approval from their case worker for treatment prior to the patient’s *initial* visit. Approval for subsequent visits will be obtained by the medical staff.
 - ▶ Worker’s comp patients must bring the following to their first appointment: date of injury, claim number, name of worker’s comp insurance company, name of case worker, case worker’s phone and fax numbers.

PATIENTS ARE REQUIRED TO SIGN A COPY OF THIS BILLING POLICY AGREEMENT FOUND IN THE NEW PATIENT PACKET.
THE SIGNED COPY WILL BE PLACED IN THE PATIENT’S MEDICAL FILE PRIOR TO THEIR INITIAL CONSULTATION.
PATIENTS ARE ENCOURAGED TO CONTACT US WITH ANY QUESTIONS.

Newbridge Medication Policy

Newbridge strongly adheres to the following medication policy:

- Patients requiring opiate (narcotic) therapy while having nerve block procedures at Newbridge will be required to sign an “Opiate Contract” and visit Newbridge for an appointment each month.
- Patients are required to bring all prescription containers to each visit to receive a prescription refill.
- Once a patient’s condition is stabilized, the patient may be referred back to their primary care physician, or to another pain management physician in the area, for medication management.
- Newbridge has a no tolerance policy for opiate (narcotic) misuse and patients violating the opiate contract will be discharged from Newbridge.
- Patients suspected of misusing or abusing medications will be discharged from Newbridge.
- Patients altering prescriptions will be discharged from Newbridge and reported to the Federal Drug Enforcement Administration (DEA).
- Newbridge reserves the right to conduct random urine screening and random medication counts on any patient at any time without prior notice to the patient.
- Patients on narcotic therapy who increase the recommended dosage on their medications will run out of medication prior to a scheduled refill. These patients may experience withdrawal symptoms and have to go to the nearest emergency room for treatment.
- Patients not following recommended dosage of medications will not receive early prescription refills.
- Patients failing to attend an appointment will not receive a medication refill until they visit with a physician.
- Newbridge does not refill any prescriptions reported to be lost, stolen or in any way damaged.
- Patients receiving non-narcotic medications are required to visit with a physician every three months.
- Prior to any change in medication type or dosage, patients must visit with a Newbridge physician and present the remaining doses of previous medications prior to receiving new medication(s). (Patients are not permitted to destroy or throw out any remaining unused medications.) Newbridge physicians reserve the right to not issue new prescriptions to patients not presenting remaining medication as required.

Statement of the Release of Liability

- Patients on narcotic therapy choosing to drive may be charged for driving under the influence of drugs.
- Newbridge is not responsible if a patient chooses to drive while taking prescribed medications which may cause drowsiness or decrease reaction time.
- If the manufacturer of a medication advises that a patient not drive while taking said medication, then it is the policy of Newbridge to follow the recommendations of the manufacturer and instruct the patient not to drive while taking the medication(s).

Urine/Oral Drug Screening Policy

To ensure patient safety, Newbridge adheres to the following urine/oral drug screening policy:

Patients at Newbridge authorize random urine drug testing, as deemed necessary by a physician. Each patient has the right to refuse any drug screen. However, by denying the requested screen, patients agree they may be terminated from Newbridge.

Patients with illegal drugs in a specimen, or showing an absence of opiates even though a prescription has been issued, will meet with a physician to discuss the results of the test. At that time, the physician may choose to wean the patient off all opiates or give the patient a month’s supply of medications and discharge the patient from the practice. Newbridge physicians reserve the right to report drug violations to the Federal Drug Enforcement Agency.

Procedures Performed at Newbridge

The following requirements apply to all patients undergoing any procedure at Newbridge:

- Patients scheduled for a procedure may only drink clear liquids and must refrain from eating four (4) hours prior to the procedure.
- Patients scheduled for intravenous sedation are not to eat or drink anything for six (6) hours prior to the procedure. (Medications may be taken the morning of the procedure with a sip of water.)
- Medications may be taken as normal, including pain medication, the morning of a procedure.
- A responsible adult over the age of 18 is required to drive a patient home following a procedure. Public transportation may be taken if the patient is accompanied by a responsible adult.
- Patients must arrive 15 minutes before their appointment. If a patient is scheduled to receive Valium prior to the procedure, they are asked to arrive 30 minutes prior to their appointment.
- Patients are discouraged from bringing valuable items to Newbridge as secure storage is unavailable.
- Patients are discouraged from bringing young children to Newbridge as staff is not available to care for young children during a patient's procedure.
- Diabetic patients taking insulin are asked to inform the receptionist so the procedure can be booked before Noon. Patients are to contact their primary physician for instructions concerning insulin dosages the morning of the procedure.
- Patients taking Coumadin must not take the medication for five (5) days prior to their procedure following a discussion with their prescribing physician regarding the suspension. These patients are required to have a PT/INR test (to evaluate the ability of blood to clot properly) performed the morning of the procedure and fax the results to Newbridge. The results will be reviewed and must be accepted by the physician prior to the procedure.
- Patients on an aspirin regimen should not take the medication two (2) weeks prior to the procedure.
- Patients taking NSIADS (i.e. motrin, ibuprofen, Aleve, Naprosyn, Celebrex, Vioxx) are required to suspend the medication 48 hours prior to a procedure.
- Following a procedure, a patient may be referred to another physician, physical therapist or psychotherapist to assist with the patient's recovery.
- Newbridge physicians will then consult with the patient's primary and/or referring physician and maintain communication with other physicians, therapists and or psychotherapist to ensure the highest quality of care for the patient.
- Patients are welcome to discuss any questions, concerns or comments with their physician at any time.

Patient Assistance Programs

Calvert County, MD

- Calvert Alliance Against Substance Abuse: (410) 535-3733
- Calvert County Health Department: (410) 535-5400
- Calvert County Office on Aging: (410) 535-4606
- Calvert Healthcare Solutions, Inc.: (443) 404-5761
- Department of Community Resources: (410) 535-4370 / (410) 257-1947
- Hospice of Calvert County: (410) 535-0892

Charles County, MD

- Charles County Department of Community Services: (301) 934-9305
- Charles County Department of Social Services: (301) 392-6400
- Charles County Health Department: (301) 609-6900
- Hospice of Charles County: (301) 934-1268
- Southern Maryland Medbank: (410) 414-7416
- Substance Abuse Treatment Services: (301) 609-6600

Frederick County, MD

- Frederick County Rescue Mission: (301) 695-6633
- Heartly House: (301) 293-6463 / Hotline: (301) 662-8800
- Hospice of Frederick County: (301) 698-3030
- Religious Coalition for Emergency Human Needs: (301) 694-6968
- Senior Citizens Information: (301) 694-1605
- Substance Abuse Assistance: (301) 600-1775

Loudoun County, VA

- Loudoun County Mental Health, Substance Abuse & Mental Health Services: (703) 771-5155
- Capital Caring Hospice: (703) 777-7866
- Senior Center of Leesburg: (703) 737-8039
- Substance Abuse Assistance: (703) 771-5100

Maryland

- Hospice Care Network of Maryland: (410) 729-4571
- Maryland Board of Pharmacy: (410) 764-4755
- Maryland Pharmacy Assistance Program (MPAP): (800) 226-2142
 - Address: PO Box 386, Baltimore, MD 21203-0386
- Maryland Relay: 711 / (800) 201-7165
- Maryland Senior Prescription Drug Assistance: (800) 551-5995
- Mission of Mercy: (301) 447-3939

Virginia

- Department of Medical Assistance Services: (804) 786-7933
 - Address: 600 East Broad Street, Richmond, Virginia 23219
- Hospice of Virginia: (804) 281-0451
- Partnership for Prescription Assistance: (888) 477-2669
- Virginia Relay: (800) 828-1120

Senior Assistance Programs

- Calvert County Senior Assistance: Phone 410-535-4606 / Fax 410-535-1903
- Charles County Senior Assistance: Phone 301-609-5712 / Fax 301-934-5624
- Frederick County Senior Assistance: Phone 301-600-1605 / Fax 301-600-3554
- Loudoun County Area Agency on Aging: Phone 703-777-0257 / Fax 703-771-5383

Patient Acceptance of Newbridge Policies and Procedures



Patients, please read the following and sign below:

- I have received and read the Newbridge Patient Handbook containing the Patient Bill of Rights, Advance Directives, Consent for Security Surveillance Monitoring, Ownership Declaration, etc.
- I have had the opportunity to ask questions regarding the information in this handbook prior to signing this agreement.
- I understand and agree to abide by any and all of the rules and regulations contained in this handbook.

Patient Name (Please print)

Patient Signature

Date