



Bret Sokoloff, MD, MBA
Orthopaedic Surgeon

Office Policies

Welcome to OrthoNow. We respect your time and will make every attempt to remain prompt in your treatment. The following group of information will help answering any of your questions and enables us to provide our patients the best care possible. If you still have any questions, feel free to ask one of the staff members to help you.

Please inform one of our staff members if you have had ANY insurance changes. Bring your new insurance cards with you to your appointment so that we may record the changes in your account and help prevent you from receiving a higher bill.

Please make certain that we have your correct and current contact information including your address and phone numbers. An emergency number would also be helpful in case we have difficulty contacting you.

We will not discuss your care with any other party without your express, written permission. We will send a copy of your office notes to your primary care physician or referring provider to keep them apprised of your treatment and progress. Let us know if you do not wish your medical doctor to receive your information.

Please notify the staff of any medication changes or new allergies at each office visit. For your safety, we recommend always keeping a current medication list in your purse or wallet.

If any new medical problems arise, please inform one of our staff or the physician so that we may update the information in our records. Also notify us of any new surgeries.

All medication requests or refills requests must be received by 4:00 pm, M-F and will be taken care of within 24 hrs. No prescriptions will be called in on evenings or weekends, as Dr. Sokoloff may not have access to your records and wishes to avoid any medication related complications. Please plan accordingly.

If you have been scheduled for any test or procedure (MRI, CT, XRAY, bone density, labs, spinal block, physical therapy etc.), please make sure that you attend the appointment as directed. If you are unable to attend your test, please call in advance to reschedule.

If you were not given an appointment time for your test or procedure while in the office and have not heard from our staff or the facility that you were referred to within 3 days, please call our office so that we may resolve the issue. Please be aware that all testing is different, and some may take longer to schedule based on your insurance.

Signature: _____

Date: _____



BRET SOKOLOFF MD

If you are unable to keep your scheduled appointment, please notify our office more than 24 hrs in advance so that other patients can fill your spot. A \$10 no-show fee will be applied to your account for all missed appointments. If you wish to cancel your scheduled surgery, please notify our office more than 24 hrs in advance so that other patients can fill your spot. A \$100 no-show fee will be applied to your account for any missed surgery. These fees are not covered by insurance and will be your responsibility. You may not be seen prior to clearing this balance.

If you are being seen for a Motor Vehicle Accident or a Work Comp injury you MUST let the front desk know before you see Dr. Sokoloff. If you do not it may result in you being responsible for any or all charges from your office visit.

Dr Sokoloff will not prescribe chronic pain medications. Such medications should be prescribed by a pain management physician. Ask your primary care doctor for a referral. If you are on longer-term narcotics through our office, you may be subjected to random drug testing. Narcotics must be prescribed by a single physician. Any drug-seeking, doctor-shopping, or selling or falsification of prescriptions will be reported to the DEA and law enforcement.

Dr. Sokoloff believes that YOU are an important team member in your care and overall health. He will personally review the results of all testing with you. He will also explain your diagnosis and all treatment option available to you. If you EVER have any questions, please ask our staff. Dr. Sokoloff believes it is important for you to thoroughly understand your care.

We believe it is an honor to serve you and will work diligently on your behalf.

Signature:_____

Date:_____