# Northern California Orthopedic Centers

Hunter S. Greene, MD · Erin Audrain, PA-C · Nathan Nicolet, PA-C · Paul M. Sasaura, MD
Robert L. Cameto, MD · Michael Denton, PA-C · Roy N. Pottenger, MD
Brian A. McDowell, DPM. · Amy Duckworth, DPM
E. Anne Banville, Administrator Tax Id # 68-0340895

Dear Valued NCOC Patient:

You are receiving this letter because one of our surgeons has recommended surgery for your future treatment. We understand that the decision for surgery can be a very difficult and confusing process. In order to assist you through this we have outlined what you should expect prior to your surgery:

- Your surgeon will notify his/her surgery scheduler that you will be requiring surgery.
- Upon receipt of this information, your surgery scheduler will typically contact you within 48 hours. During this call, you will discuss a mutual agreed upon date for your pre-operative appointment, surgery, and your post operative appointment.
    - Dr. McDowell & Dr. Duckworth's surgery scheduler: Tori (916) 965-4000 Ext. 3065
    - Dr. Sasaura, Dr. Greene, Erin Audrain's surgery scheduler: Bridget (916) 965-4000 Ext. 3090
    - Dr. Cameto, Dr. Pottenger, Nathan Nicolet's surgery scheduler: James (916) 965-4000 Ext. 3010
- The surgery scheduler will obtain authorization for the professional surgical procedures from your insurance company.
- If your surgeon has requested one or more of the following, you will be required to schedule and complete these prior to your pre-operative appointment
    - EKG
    - Blood work/laboratory testing
    - Health clearance from your primary care physician, cardiologist and or pulmonologist
    - Chest x-ray
- A specialized NCOC billing representative will be assigned to work directly with your insurance to provide you with an estimate of your out-of-pocket expense for the surgeon's and assistant surgeon's fee if applicable. You will be contacted by phone from your assigned billing representative who will review your estimated out-of-pocket which will include, but is not limited to, any co-payment, co-insurance, deductibles, elective procedures, and services not covered by your insurance. The estimated out-of-pocket expenses for the professional fees of surgery are due in full at your pre-op appointment by cash, check, money order, Visa or Mastercard. If pre-payment in full is not received at the time of your scheduled pre-op appointment, your pre-op appointment and surgery may be rescheduled and/or canceled. You may have additional out-of-pocket expense owed to the surgery center or hospital; however you will need to contact the facility directly to obtain a quote. Below are the contact numbers for the billing representative that may be contacting you.
    - Kendra (916) 965-4000 Ext. 3002
    - Karen (916) 965-4000 Ext. 3001
    - Anna (916) 965-4000 Ext. 3003

We know that there are many choices out there and want to thank you for choosing NCOC. We look forward to providing you with the highest level of individual contemporary orthopedic and podiatric care.

I herby acknowledge that I have received a copy of this form and that this form has been fully explained. I also acknowledge that I have read and understand the above information.

Patient Name:_____ Relationship to Patient: _____

Print Name:_____

Signature:_____ Date:_____

6403 Coyle Ave, Suite 170
Carmichael, CA 95608
(916) 965-4000

2295 Fieldstone Drive, Suite 210
Lincoln, CA 95648
(916) 965-4000