



## CAPE COD SPORTS MEDICINE INC.

---

---

### ORTHOPEDIC SURGEON

**DONALD E. O'Malley, M.D.**  
**Karen A. Trait, PA-C**

**PO BOX 765**  
**360 GIFFORD STREET**  
**FALMOUTH, MA 02541**  
**OFFICE: (508) 540-0200**  
**FAX: (508) 540-0201**  
**FAX: (508) 540-1677**

### Cape Cod Sports Medicine's Office Policy

Thank you for choosing Cape Cod Sports Medicine Inc. We are committed to the success of your medical treatment and care.

For your convenience, we have answered a variety of commonly asked office policy questions below.

When calling our office please be sure to use your full given name and not nick names.

#### **What are Your Office Hours?**

We are open Mon.-Fri. from 9am to 5pm by appointment only. Our phones are answered Mon.-Fri. from 9am – 4:45pm. If you have a question concerning your medical treatment or care, please call and speak with your physician's Medical Assistant or the Receptionist. They in turn will speak with the physician and return your call in a timely manner. Please be advised that your questions or concerns will not be answered any quicker by walking into our office.

#### **How May I Pay?**

We accept payment by cash, check, Visa and MasterCard. There will be a \$15.00 fee charged for all returned checks.

#### **Do I Need a Referral?**

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received a referral authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled.

#### **What if My Injury is Work Related?**

If your injury is work related you must notify your employer before your scheduled appointment so that they may file a claim on your behalf. You must also inform the Receptionist at the time of making your appointment and at check in. Please have the following information at check in Name, Address, and Phone Number of the Insurance Carrier handling the case, as well as the Name of the Contact Person and Case/File Number.

---

---

### **What if My Injury is a Result of an Auto Accident?**

If your injury is a result of an auto accident you must inform the Receptionist at the time of making your appointment and at check in. Please have the following information at check in Name, Address, and Phone Number of the Insurance Carrier handling the case, as well as the Name of the Contact Person and Case/File Number. You will also be required to provide a copy of your health insurance card.

### **Can I Receive Copies of my X-rays?**

If you need copies of your x-rays that have been taken in our office, please call our X-ray Dept. 24-48 hours prior to your planned pick up. There is a charge for x-ray copies. Our X-ray Dept will advise you of the charge prior to pick up.

### **What if I have Disability Forms to be Filled Out?**

Your physician's Medical Assistant will fill out your disability forms. All forms will be filled out and ready 10-14 business days from the date they are received, you will be notified when they are ready. There is a fee for these forms. The Medical Assistant will advise you of the fee, which will depend on the number of forms, to be filled out.

### **Do you Offer Waterproof Casting?**

We offer Gortex, a waterproof cast. There is an additional charge for this casting material. The Medical Assistant will advise you of the cost at the time of application.

### **What if I Need a Refill on my Prescription?**

All prescription refills require a 48 hour advance notice and will be called in to your pharmacy. Please be advised that prescriptions for controlled substances must be picked up in our office, they can not be called in, and you will be notified when it is ready.

### **Do you Charge for "No Show" Appointments?**

We ask that if you are unable to keep your scheduled appointment you advise us as soon as possible, this will allow another patient who needs medical treatment to see the physician in your place. Our office has not instituted a policy for charging a fee for "No Show" appointments; however three missed appointments in a row may be grounds for dismissal from our practice, as missed appointments may mean that you, the patient, are not compliant with your plan of care.

### **What if my Child Needs to See the Physician?**

A parent or legal guardian must accompany patients who are minors on the patient's office visits. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

### **What if My Patient Information Changes?**

If any of the following information: Name, Mailing Address, Phone Number, Primary Care Physician, or Health Insurance has changed since your last office visit you must advise the Receptionist upon check in. You may be required to fill out a new "Patient Information" form. All changes in Health Insurance coverage will require a photocopy of your new insurance card.

---

---