



WELCOME TO SPAULDING'S OUTPATIENT CENTER IN CAMBRIDGE

You have been scheduled to see: _____

Date: _____ Time(s): _____

We are happy you have chosen Spaulding Outpatient Center Cambridge for your rehabilitation. You will be seen by a licensed skilled rehabilitation team member. For additional information, please visit our website:

<http://spauldingrehab.org/locations/cambridge-ma-op> or contact us by phone at **617-952-6800 press option 4, ext. 2.**

PLEASE read the following important information regarding your time at our clinic:

- A **physician prescription (written MD order)** is required for you to start receiving therapy services. If we have not already received your prescription, please bring your prescription for therapy to your initial appointment.
- **Initial Evaluation:** Please **arrive 15 minutes early** to allot time to check in and complete the registration process. Please bring your **insurance card** and **picture identification**. Also, be sure to bring a list of medications if applicable. It is advised to wear comfortable clothing and shoes that will be easy to move in.
- **Treatments:** Each follow up session may include education, exercise, the use of modalities, and/or manual work. Please inform your therapist of any changes in your medications or medical status. You should make sure your appointments are booked ahead of time to prevent a lapse in treatment.
- **Insurance information:**
 - If your insurance requires that you have a **referral** from your Primary Care Physician (PCP) for therapy treatment, please obtain this prior to your visit. (Insurance referrals are different than a physician prescription). You may have the Primary Care Physician's office fax the referral to **617-952-6801**.
 - SRH Cambridge Facility NPI: **1780600825**
 - If you choose to receive care without the necessary referrals or authorizations from your insurance, you will assume responsibility for payment. If services are not covered and you still desire them, you may opt to self-pay for each visit.
 - It is your responsibility to check your insurance coverage/benefits.
 - If your insurance requires **co-payments**, they are due at the time of each visit. We accept checks and credit card payments.
 - Please alert us if your **insurance changes** during your course of treatment.
 - If you have question about your bills, please call our **Spaulding Billing Customer Service Line: 617-726-3884**.

24 Hour Cancellation Policy: *We are a busy practice and appointments are at a premium. Please be aware that multiple cancellations can affect your recovery, can jeopardize your insurance coverage, and may result in discharge from our service.*

- **Parking:** Free parking is available in our onsite visitors parking lot.
- **Advance Directive/MA HealthCare Proxy documents:** If you have designated someone to make health care decisions for you in the event you become incapable of making or communicating these decisions, please provide us with a copy of your Advance Directive or Massachusetts Health Care Proxy. Further information is available through the Massachusetts Medical Society at www.massmed.org or you can request a copy from the Front Desk Staff.
- We support the law known as the Massachusetts **Patient's Bill of Rights**. A copy is posted in our center and you may also request a copy.
- We participate in **outcomes tracking** and will be asking you to complete a survey at the beginning and completion of your program. This will help us better understand how your injury/impairment/pain affects your present quality of life and functional issues.

Your satisfaction is our primary goal.

If you have questions or concerns, please share these and we will work to resolve any issues. If your patient service representative, therapist, or physician cannot help you, please contact me at **617-952-6808**.

- Eric Siller, Site Manager: **617-952-6808**

As a patient, you are a valued member of the treatment team. Please share your goals and expectations with your clinicians. You may receive a satisfaction questionnaire from us. Please complete it and mail/email it back to us.

If you prefer **communicating by email**, please share your email address with us. Please be aware that for your privacy, all email correspondence must be sent through a secure email service. You will have to complete a one time activation and registration process to open a secured message. For more information, please visit this website: <http://healthcare.partners.org/sendsecure>

We hope your recovery goes safely and quickly. As always, we are here to help you!

Sincerely,

The Staff at Spaulding Cambridge

THE SPAULDING MISSION:

Spaulding's mission is to provide a full continuum of rehabilitation services, to contribute new knowledge and treatment approaches through research and outcomes studies, to educate future rehabilitation specialists, to advocate for persons with disabilities, and to support the mission of Partners Health Care System.