

Welcome to Spaulding Outpatient Center Framingham. You have been scheduled to see

Dr. Rosenberg

Dr. Wei

on \_\_\_\_\_ at \_\_\_\_\_.

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

- **Initial Appointment :** Please **arrive 15 minutes early** to allot time to check in and complete the registration process. The checked boxes below indicate what you will need to bring to your first appointment:
  - Enclosed you will find a **medical history questionnaire**. Please bring this questionnaire **completed** to your upcoming appointment. This will save time at the point of registration and help to get you in for your appointment on time.
  - Please plan ahead, as you must bring any **medical records**, diagnostic tests with the reports (i.e. MRI's, CT scans, X-Rays, Nerve Conduction/EMG studies, laboratory tests, and sleep studies) and/or previous office notes **RELATED TO YOUR VISIT** to the center. Be aware that you may need to sign release forms to obtain your medical records and will most likely need to pick up a diagnostic test/report from the place at which they were performed. It is your responsibility to obtain your medical information because we cannot treat you appropriately without it.
  - Please bring your **health insurance card** and **picture identification**. If your insurance requires that you have a referral from your Primary Care Physician (PCP) to see a specialist, please obtain this. You may call us with this information before the visit (extension 4266) or have your PCP fax it to us at 508-872-1205. Please be aware that it may take some time for your PCP to process your referral request. If you have any questions regarding your insurance plan, you should contact your insurance provider, although we are happy to answer any questions that may come up.
  - A reminder: If your insurance requires **co-payments**, they are due at the time of each service. We accept check and credit card payments.
- **Additional insurance information:**
  - 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.
  - Please alert us if your **insurance changes** during your course of treatment.
  - Please be aware that when seeing a physician, your insurance will be billed for the physician **professional** service as well a Spaulding **technical** charge for physician practice support costs.
  - If you have questions 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 provide at least **24 hour notice for cancellations** so we can notify patients on our wait list. Please be aware that multiple cancellations can affect your recovery, can jeopardize your insurance coverage, and **may result** in discharge from our service.

- **Directions:** Please refer to our website for directions. If you do not have access to the internet, please contact our office for directions.
- **Parking:** Free parking is available on site.
- **Advance Directive/MA Health Care 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](http://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.

**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 medical service representative, therapist, or physician cannot help you, you may contact any of us at 508-872-2200. You may also send an email to [srhframingham@partners.org](mailto:srhframingham@partners.org).

- Lynn Forde, Site Manager: [lforde@partners.org](mailto:lforde@partners.org) ext 4240
- Jennifer O'Rourke, Support Operations Supervisor: [jaourke@partners.org](mailto:jaourke@partners.org) ext 4225
- Darren Rosenberg, DO, Medical Director

As a patient, you are an important member of the treatment team. Please share your goals and expectations with your physician. You may receive a satisfaction questionnaire from us. As your feedback is very important to us, please complete it and mail or 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 Framingham

**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.*