



COLUMBUS HAND THERAPY, LLC

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3400 Olentangy River Road, Ste 201
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(614) 262-0907
Facsimile (614) 262-5269
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Dear

Thank you for choosing Columbus Hand Therapy. Your scheduled

Appointment is on _____ @ _____ with _____.

We do request you complete the enclosed forms prior to your appointment and bring them with you to your appointment. Please arrive 30 minutes prior to appointment.

The following information is required for your appointment:

- Prescription for Therapy from your referring physician.
- Insurance card(s)
- Bureau of Workers compensation Identification number and card
- Drivers License
- Listing of all medications
- Primary care physician name and address
- Co-payment or office visit fee – payment with Master Card, Visa, American Express, Check, or Cash.

If you are under the age of 18 you must be accompanied by a parent or guardian.

If there are any changes to your insurance please bring this information with you.

We are a surgical practice dealing with emergency situations, please plan on 2-3 hours for your appointment.

There is the possibility your physician may suggest a splint or have therapy done at Columbus Hand Therapy which is located adjacent to Hand and Microsurgery. These services are billed separately by Columbus Hand Therapy LLC. Columbus Hand Therapy also offers Wound Care supplies (see attached brochure).

ADDITIONAL INFORMATION ABOUT COLUMBUS HAND THERAPY

OFFICE HOURS

Monday through Friday 7:30 a.m. – 5:30 p.m.

FOR APPOINTMENTS PLEASE CALL (614-262-0907)

Call to schedule an appointment. Making office visits convenient as possible for all our patients' means we do go out of our way to accommodate patient scheduling within 72 hours. If you need to cancel or reschedule an appointment please let us know at least 24 hours in advance or a \$35.00 fee will be assessed to your account.

AFTER HOURS

If you have a life threatening emergency, please dial 911.

BILLING PROCEDURE FOR WORKERS COMPENSATION ACCOUNTS

Columbus Hand Therapy will be happy to bill all charges incurred on your work related injury to the appropriate MCO or self-insured payer. Please bring all pertinent BWC billing information and claim number along with your personal health information to the receptionist at our front desk.

In the event your entire claim has not been approved or has been disallowed within three months, we reserve the right to bill all charges to you or your personal health insurance. If, during the course of your treatment, you are treated for a condition that has not been allowed in your claim, we will make every attempt to get the condition allowed through your MCO or self-insured payer. If the condition has not been allowed within two months, we will bill your personal health insurance or you directly.

Columbus Hand Therapy will assess a charge for all forms that need to be completed by our staff excluding BWC, Social Security, and Medicare forms. A \$10.00 charge for all single page forms, \$25.00 for multiple page forms, these charges are per request. All fees will be collected up front before forms will be completed. If forms are mailed, you will be contacted for payment before the forms will be completed.

Thank you,

Columbus Hand Therapy, LLC.