



The Seattle Arthritis Clinic

## TSAC DISABILITY POLICY

Attached please find information explaining The Seattle Arthritis Clinic's Disability Policy and charges. **Please sign below to indicate you have been given this information.** We suggest you read the policy so that you understand how this disability policy works and what charges you may incur.

Here is a brief summary of the policy and charges:

- Your healthcare staff cannot become involved in any disability-related activity until you have seen your medical provider (physician or nurse-practitioner) at least three times over the last 6 months.
- There is no guarantee that your physician will approve or agree with your request for any form of disability activity or paperwork.
  - o This is based on his/her professional opinion, clinical judgment and philosophy
- Please allow at least two weeks for your physician to consider your request
  - o All requests will be date-stamped upon receipt

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Patient Name

Date

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Patient Signature

Date



## The Seattle Arthritis Clinic

### **TSAC Disability Policy:**

- The Seattle Arthritis Clinic is dedicated to providing the highest quality care possible. Please be aware that your time with your physician, nurse, provider or nurse practitioner is dedicated to evaluating, diagnosing and treating your medical and physical conditions. Although disability-type activity may be very important, it is not considered part of your healthcare treatment, and is not covered by your insurance plan. “Disability-type activity” includes such things as filling out forms for your employer or disability insurer, making a determination about your ability to do a job, communicating with an attorney, filling out any governmental form such as Family Medical Leave Act (FMLA), ferry or parking handicap passes, etc.)
- Your healthcare staff cannot become involved in any disability-related activity until you have seen your physician or nurse practitioner at least three times over at least 6 months. This is to insure we have developed as accurate a diagnostic picture and treatment approach as possible.
- Physician or medical staff time: Some disability-related activity requiring minimal time can be accomplished readily and at no additional cost. However, any disability-related activity requiring physician, provider, nurse practitioner or staff time beyond this minimal time (less than 5 minutes) will incur a charge. A list of activities and charges is available to you, and we ask that you review and sign this with your understanding of these non-covered costs.
- Our endorsement of any impairment, limitation or disability has professional implications for us: we need to know and understand your restrictions. This may require further assessment such as psychological or vocational evaluation; psychosocial, cognitive or rehabilitation testing; or an evaluation to measure your physical capacities. Some of these may be covered under your health insurance, some may not. We will make every reasonable effort to assist you to understand your costs in advance.



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## Non-Insurance Covered Expenses for Physician and Non-physician Providers

### Non-Direct Care Billing Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

There are a number of services or activities you may request or require which are not usually covered by your insurance plan. These services include reports, forms, letters and extended telephone conversations such as to an attorney, employer, etc. These services require your private payment, and will not be submitted to your insurance carrier.

Please understand these charges before you request them. Some forms or may require special evaluations prior to completion, e.g. disability forms which ask for physical, cognitive or psychological limitations. These evaluations may also require payment if not covered by insurance.

The following is an example of estimated charges. However, charges will be based on actual time spent (\$450 per hour for physicians, \$225 per hour for non-physician providers)

#### FORMS:

	MD	Non-MD Provider
___ Simple form (not requiring chart). <i>Est. time 10 minutes</i>	\$75	\$37.50
___ Moderately complex form (one page, requires record review and professional opinion.) <i>Estimated 15 minutes</i>	\$112.50	\$56.25
___ Annual disability reapplication form (review and update) <i>Est. 20 minutes</i>	\$100	\$50
___ Complex form (2 or more pages with chart review) <i>Est. 30 minutes</i>	\$150	\$75

#### LETTERS:

___ General letter (minimal chart review)	\$100	\$50
___ Disability letter (moderate chart review)	\$150	\$75
___ Time Reviewing records _____ @___\$450 per hour; ___\$225 per hour	\$	\$

#### TELEPHONE CALLS:

\_\_\_\_\_ Phone call from/to insurance staff or non-health care entity @ \$450/hr = @ \$225/hr =

#### OTHER PROFESSIONAL ACTIVITY:

Other non-treating professional staff time at \$50 per hour (prorated) = \$

#### LEGAL ACTIVITY:

*PLEASE HAVE YOUR ATTORNEY CONTACT US FOR A COMPLETE SCHEDULE OF LEGAL FEES AND POLICIES*