

# SOUTH SHORE NEUROSPINE GROUP, LLC



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## OFFICE POLICIES

Dear Patient:

Welcome to South Shore NeuroSpine Group, LLC. In our continuing effort to provide you with the best medical care, we ask that you familiarize yourself with the following office policies. This document must be signed by you and will be kept in your chart. We will also provide you with a copy, if requested, for future reference.

Due to scheduling conflicts, unforeseen emergencies and routine provider rotations, you may be treated by a provider of our group that you may not have seen before. Please be assured that we will provide continuity of care and that the results of your visit will generally be forwarded to your referring provider.

If it is determined that you need further testing or a procedure, our staff will make the necessary arrangements. It is imperative that you follow through with the treatment plan that was agreed upon. If, for any reason, you decide not to comply with the scheduled test or procedure, it is your responsibility to call our office and inform us of any such decision. When all scheduled tests have been completed, your provider will go over the results with you at your scheduled follow-up visit. If you are not going to, or have not kept your follow-up appointment and have not heard from the doctor after the (10) days following completion of all testing, you must call our office to discuss each and every one of the results with the provider who ordered them.

If your provider refers you for treatment to the Pain Clinic at South Shore Hospital, our office staff will make the initial appointment. We will notify you with the details of that appointment as well.

Often, when a patient begins to feel better, they decide they do not need to come back for scheduled follow-up care. We strongly advise against this. We cannot stress enough the importance of complete compliance with follow-up care. You and your provider together will decide when it is in your best interest to discontinue or change your treatment plan.

As part of our Office Policy, your relationship with our practice may be terminated for reasons of treatment noncompliance, follow-up noncompliance, office policy noncompliance, verbal abuse, and/or nonpayment of medical bills.

As always, your care is our first priority. If you have any questions, or if we can be of any assistance, please call us. Thank you.

Sincerely,

South Shore NeuroSpine Group, LLC

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Patient Signature

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Date

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Printed Name

3/18/2011

