



Procedures for Prospective Hip Patients

We have implemented procedures to make the record review process for our hip patients as efficient as possible. However, due to the high volume of requests that we receive, this can take several weeks. **Please read the following instructions carefully:**

Referring Physicians & Prospective Patients: Please send the following:

- **Demographic Information:**

Please complete the attached Intake Form. Return completed copy with records.

- **Insurance Card Copy:**

Please send a legible copy of the front and back side of insurance card.

- **All Office Notes from all Treating Physicians:**

If a patient has seen more than one physician for assessment, treatment or opinions for hip/pelvic pain, please include all office notes from all dates of service by each physician.

- **All Diagnostic Imaging and Reports Pertaining to the Hip/Pelvic region:**

Actual imaging along with corresponding reports must be sent for all imaging including: X-rays, MRI/MR Arthrograms, CT Scans and Bone Scans. (CD images in dicom format are preferred but films are acceptable. We cannot accept electronic or paper copies copies.)

- **Intraarticular Hip Injection Reports:**

Please send a report for each hip injection.

- **Operative Reports from Previous Hip Surgeries**

Please note: All records must be received before the information can be reviewed or appointments scheduled. The best way to expedite this process is to send all records in one package by mail. We recommend that you send by USPS Priority Mail, Federal Express, or UPS so the package can be tracked if necessary.

Send records to:

Nashville Hip Institute
Attn: Hip
2004 Hayes St., Suite 100
Nashville, TN 37203
(P) 615-284-5828
(F) 877-868-1763

Please contact Morgan Bivens, Hip intake Coordinator, with any questions.
(P) 615-284-5828 (F) 877-868-1763 (E-mail) morgan@nsmoc.com



**Procedures for Prospective Hip Patients
 Intake Form**

Practice Information		Referring Physician Information-Please complete all	
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
DOB		Telephone	
SSN		Fax	
Preferred phone		UPIN	
Other phone		NPI	
Email		Best contact person	
		Contact person phone	
		Contact person email	
Patient Insurance Information		Records Required-Check and send all that apply	
Carrier		<input type="checkbox"/>	Office notes from all treating physician visits
Group #		<input type="checkbox"/>	X-rays (AP pelvis, frog lateral) on CD and report
Name of insured		<input type="checkbox"/>	MRI and/or MR arthrogram film on CD and report
Member ID		<input type="checkbox"/>	CT films on CD and report
Website		<input type="checkbox"/>	Bone scan film on CD and report
Provider phone #		<input type="checkbox"/>	Operative reports from previous hip surgery
		<input type="checkbox"/>	Hip injection report
List full names and addresses/phone numbers of all physicans this patient has seen for hip pain/injury			

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