

Office Policies

To help ensure the highest quality of service and care to our patients, we have several office policies and procedures. We ask that if you have any questions or concerns with these procedures that you address them with the staff prior to your office visit.

We require that you always bring the following to your office visit:

- ❖ Insurance card
- ❖ Identification card
- ❖ Co-pay for insurance patients and means for payment for self-pay patients (cash, credit card)
- ❖ Authorization (if your insurance requires it)
- ❖ A driver, if you are coming to have a procedure

If you do not bring the following items with you, Pain Medicine Specialty Group has the right to reschedule or cancel your existing appointment.

- **Insurance Cards:** All patients who will be utilizing their insurance coverage are required to bring their current insurance card to each office visit. A copy will be stored electronically in the patient's chart. If the patient does not have their insurance card then the patient will have to cancel or be seen as self-pay.
- **Identification Cards:** Will be required at each visit. A copy will be made during the first visit and placed in the chart. However, it may be requested at any subsequent visit to the office.
- **Copays:** Are required to be paid prior to meeting with the provider each visit. It is the patient's responsibility to bring cash or debit/credit card with them. The appointment will be cancelled if the patient does not bring appropriate means of payment.
- **Authorizations:** Are required prior to treatment. We will try to assist you to obtain the authorization. However, procedures usually cannot be authorized on the same day during patient's' office visit.
- **Legal Guardians:** Are required for our patients that are minors. We would like to aid in their treatment as much as possible; however, by law we are required to have consent from a legal guardian to provide such treatment. If a minor comes to the office unattended, they will be forced to reschedule. If a guardian cannot attend the appointment with them, then arrangement with the office need to be made prior to the appointment.
- **Cancellations/No Shows:** Reminder calls are not routinely provided by our office. It is the patient's responsibility to put the appointment in their calendar. If the patient is unable to attend they are **required to give 24 business hours' notice**. If this notice is not given in time or not at all then the patient will be **charged \$40.00 for office visits and \$80 for procedural visits. Patient showing up asking for an office visit when he/she was scheduled for a procedure is considered a no show.**

- **Late Patients: Patients are required to be on time to their appointment.** If possible patients should arrive a few minutes early to check in and fill out any required paperwork. **If you are more than 15 minutes late for your appointment, your appointment may be cancelled.** It will be at the discretion of the provider and the front desk staff to determine if there will be enough time to see you without making other patients wait. Patients who are or more than 2 hours late are considered no show.
- **Self-Pay Patients:** Are required to pay at the time of service. The front desk staff will not be able to quote you the charge. The fee will be determined by the provider based on the recommended course of treatment.
- **Prescription refills: Patients need to contact their pharmacy when a refill is needed.** The pharmacy will then forward us a request. A provider will either refill the prescription or deny it. The provider may deny the renewal based on the drug type or based on the fact that the patient needs to be seen in the office prior to the renewal. No refills will be processed after regular office hours.
- **Copy of Medical Records:** We are happy to provide copies of records to you or any of your personal physicians; however, we do require a signature to release the records. A small fee will be charged to cover the time of the staff and the cost of the supplies utilized to provide these records.

Please sign below stating that you will comply with the policies above.

Print Name

Date

Signature