

Consultants In Pain Medicine, P.A.

Patient Information Form

Welcome to Consultants In Pain Medicine! We appreciate the opportunity to work with you. The following information is provided for your benefit so that we may serve you better. **Please read carefully and sign.** A copy will be provided to you for your records.

1. **PAYMENTS**—All applicable fees, deductibles, coinsurance or co-pays must be paid at the time of your appointment.
2. **CANCELLATIONS**—Cancellations for appointments must be done 24 hours prior to your appointment. Cancellations on the same day will not be permissible. Failure to cancel within 24 hours will result in a “no call/no show” so will failure to show up to an appointment. After 3 “no call/no shows” in a 12 month period our practice may decline to schedule future appointments with you. We may also reserve the right to bill \$25.00 for administrative fees.
3. **APPOINTMENT TIME**—We ask that our patient arrive on time for their appointment. This will facilitate our ability to see you as scheduled. In an effort to serve all of our patients well, patients arriving past their appointment time may be rescheduled. We kindly ask that patient refrain from using their cell phone once they are in the exam room.
4. **CHANGE OF INSURANCE**—It is the responsibility of the patient to inform office staff about change in coverage plans. Failure to do so may result at a higher cost to you.
5. **HMO AND PPO REFERRALS**—If your policy requires written authorization from your Primary Care Physician, we will request authorization in advance for established patients. This is done as a courtesy for our patients; however we cannot guarantee that an authorization will be granted. Please keep in touch with your physician to ensure that your visit is pre-approved being responsible for full payment.
6. **CHANGE OF INFORMATION**—Please provide us with any change regarding your address, phone number and emergency contact as soon as possible.
7. **ATTENDING PHYSICIAN**—Once you have selected a physician, he/she will be your ATTENDING PHYSICIAN throughout your treatment in our office. If during the course of your treatment your physician is unavailable, another physician may treat you in his absence. You will return to the care of the ATTENDING PHYSICIAN upon his return.
8. **NURSE PRACTITIONER**—Our office employs NURSE PRACTITIONERS to assist in our patient’s care. To expedite care, you might be treated by a nurse practitioner whom is under the supervision of Dr. Raul Martinez, Dr. Liliana Meskill or Dr. Karl Lautenschlager.
9. **MEDICATION REFILL REQUESTS**—Must be done at least (but no more than) **THREE** days prior to your refill date. You must call our office at 210-441-4333 ext. 3403 and leave a message on our recorded line.
10. **TRIPLICATE PRESCRIPTIONS**—Triplicate prescriptions must be picked up at our office Monday through Friday from 7:30 am till 4:30 pm. It is the responsibility of the patient to contact the office for the refill. The individual picking up the TRIPLICATE must have a valid driver’s license and must be over the age of 18. Triplicate prescriptions are not written on Fridays. Prescriptions will not be released to patients who have had sedation.
11. **AFTER HOURS CARE**—In case of an emergency please dial our main number 210-441-4333 and leave a message with the answering service. The physician on call will return your call as soon as possible. In a life-threatening emergency call 911 IMMEDIATELY.
12. **MEDICAL RECORDS REQUEST** --Request for copies of medical records must be made in writing. Please ask one of staff members for a “Release of Information” form. Our office will respond within 15 days to properly complete your request. FEES: As per the rules adopted by the Texas State Board of Medical Examiners, our office will charge \$25 for the first 20 pages and \$0.50 for each additional thereafter. There may be an additional charge if records need to be mailed or shipped
13. **COMPLETION OF FORM**-- As per the rules adopted by the Texas State of Medical Examiners our office will respond to the requests of medical forms following the receipt of the appropriate fees. FEES for the forms are as follows: FMLA \$45.00. Forms will be completed within 5 business days. WE DO NOT FILL OUT DISABILITY FORMS.

Patient signature

Print Name

Date