

**PAIN MANAGEMENT APPOINTMENT**

**Dear** \_\_\_\_\_,

Welcome to Colorado Injury and Pain Specialist.

Your appointment is on \_\_\_\_\_ at \_\_\_\_\_ AM PM with \_\_\_\_\_.

Please arrive at \_\_\_\_\_ AM PM to complete the registration process.

**Please Remember:**

1. Please arrive thirty minutes (30) prior to your appointment to complete the registration process.
2. Please bring your current insurance card and any visit approval papers. (Have you checked with your insurance carrier regarding the coverage for your visit?).
3. Please plan 1 to 2 hours for your first appointment.
4. Please bring any CDs, films and reports of any MRI, CAT-scan, X-Rays to your first appointment. We do have access to most reports and studies if completed at a facility in Grand Junction
5. Please bring prior treatment records regarding the condition or symptoms for which you are being seen. If your treating physicians participate in Quality Health Network, we will have access to this information. This may involve contacting these offices and signing a release of information form.
6. Due to the limited number of appointment times available, \$50.00 may be charged to all patients who do not keep their initial appointment or have canceled less than one business day (24 hours) prior to scheduled visit. For Monday appointments we must receive your cancellation by 5pm on Friday. See full financial policy in the Information packet at [www.cipain.com](http://www.cipain.com) or available in our office

Thank you,

*The Staff of Colorado Injury and Pain Specialist*

## **WELCOME and INFORMATION PACKET**

**Welcome to the Colorado Injury and Pain Specialists.** We are dedicated to providing individualized care utilizing the latest technology and advanced techniques to help you regain function and improve the quality of your life.

**We pride ourselves** on having highly trained, certified and credentialed pain management specialists. All of our physician's and allied health provider credentials are available for review on our website at [www.CIPain.com](http://www.CIPain.com).

**Colorado Injury and Pain Specialists** provides the areas only fully multidisciplinary approach to the management of pain, symptoms and injuries

Services Include:

- ❑ Interventional Pain Management
- ❑ Physical Therapy
- ❑ Pain Psychology
- ❑ Vitality Therapy Services
  - Exercise Therapy
  - Acupuncture
  - Meditation and Bio Feedback
  - Chi Gong
  - Tai Chi
  - Hormone Replacement Optimization
  - Aesthetic Treatments
- ❑ Ketamine Infusions for Chronic Pain and Depression
  - IV Infusions for better health and recovery
- ❑ We provide help for:
  - Smoking Cessation
  - Diet and Nutritional Counseling

Services are conducted by qualified professionals and can be scheduled to accommodate most schedules. It is important to understand that the treatment of pain, especially chronic pain, requires a team approach and the most important member of the team is YOU. See [www.CIPAIN.com](http://www.CIPAIN.com) for more information.

## **PRACTICE GUIDELINES**

Below are our practice "guidelines" and general information about our Program and Services.

Please review the following information carefully and bring any questions you may have to our attention at your next visit. Please take the time to complete as accurately as possible all pain questionnaires.

### **1. Initial Visit (First Appointment)**

Generally, the initial visit to CIPS is for evaluation only. In certain situations, routine pain management injections or procedures can be safely performed the same day as the initial visit. Generally speaking, though, procedures require preparation and or prior authorization and will be scheduled at the time of your first visit.

If you are on prescription medication for your symptoms or injury, make sure that you are given enough medication by your treating physician to last until the next time that you see him/her, and not just until you see us. **WE USUALLY DO NOT PRESCRIBE CONTROLLED SUBSTANCES ON THE FIRST VISIT FOR CHRONIC PAIN.** In fact, being seen in the clinic does not automatically guarantee that you will be taken as a patient. We will accept your case only if we believe that we can help you.

## **2. Appointments**

**Patients are seen by appointment only.** Regular business hours are Monday through Friday 8am-5pm and some Saturday and evening hours are available. There will be no walk-ins and we can accept “add-ons” only if the schedule allows. If you need to be seen, please call before coming to the office.

**IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT:** Please notify us at least 24 hours prior to your scheduled appointment (for Monday appointments notification is expected on Friday by 5pm). If you are scheduled at Redlands Mesa Surgery Center for a procedure, 48 hours’ notice of cancellation is required. There may be a charge levied for late cancellations or failure to keep an appointment (see financial policy below). This charge must be paid prior to rescheduling your appointment. Late cancellations due to uncontrollable circumstances will be considered on a case-by-case basis. Repeated late cancellations or no shows is a sign of non-compliance and may lead to discharge from our practice. This applies to visits with the physician, nurse practitioner, psychologist, physical therapist and other providers

If you are unable to keep your appointment, or are going to be late, please call our office as soon as possible. This courtesy allows us to be of service to other patients. Our telephone number is (970) 242-0162

**Should you be late to your appointment,** you may be rescheduled. Please make sure you check in with the receptionist on arrival or utilize the patient kiosk. We work very hard to be on time; therefore, if you arrive late we will try to work you in, but not at the expense of delaying other patients. You should check with the receptionist 30 minutes prior to your scheduled appointment on your initial visit and 15 minutes prior to your appointment on subsequent visits. Patients scheduled at Redlands Mesa Surgery Center for procedures will receive separate instructions at the time of scheduling. Should you fail to check with the receptionist in a timely manner, you may have to be rescheduled. (See Procedure section below)

Your treatment here may involve referral to other specialists, such as psychology, physical therapy, and other medical consultants. If needed, these appointments will be scheduled at the end of your initial visit.

A certain amount of waiting time may be unavoidable; therefore, you may wish to bring some reading material (or other) to pass the waiting time as pleasantly as possible. Due to the limited amount of waiting room space, **please** do not bring more than one person with you if possible. If your appointment time arrives and you have not been called back to be seen, please ask the receptionist if there are any delays and we will give you a wait time estimate. Our standard is to be on time.

**During the current COVID-19 Pandemic our processes have changed for patient evaluations. Please see those hopefully temporary rules and guidelines – provided to you separately and available on our website.**

### 3. Phone Calls

**We do not believe in pain or disease management over the phone.** Because of this, we would like to avoid unnecessary phone calls as much as possible. Any questions or concerns about your management or your condition should be addressed during your regular appointments. Phone calls should be made only in certain situations, please see the guidelines below.

During regular business hours, the Pain Center staff will be committed to the treatment and service of patients in the facility. Phone calls will be returned as time allows. While we will try to answer your phoned-in questions in a timely manner, inevitably some calls may not be answered until the end of the day or the next business day. Please avoid multiple phone calls; they will not speed up the return of your call. We will triage calls based on medical necessity and urgency. To help assure that those in true need are helped please avoid unnecessary calls to the office.

**We will not discuss case matters over the phone.** If you have had a recent study done and there is no evidence of a significant problem, we will discuss the results upon your return to your next appointment. In the event that the result(s) of the test suggest that there may be an urgency, or emergency, **we will contact you** as soon as possible. Make sure that we always have a way of contacting you. If you have any questions about your care or any planned procedures, please contact our receptionist and schedule an appointment to come in and have them answered. We will be more than happy to answer all of your questions, but **we will not do it over the phone**. Our website [www.CIPAIN.com](http://www.CIPAIN.com) is an excellent resource in assisting you with any questions you may have. Handouts describing procedures are available and a description, as well as animations, are available on our website.

#### GUIDELINES FOR PHONE CALLS

- ❑ Reasons to Call the Office
  - Problem after a procedure
  - Problem after starting a new medication(s)
  - The need to reschedule or cancel an appointment
  - Late for appointment
  - Cannot remember appointment time
  - You are not feeling well and wonder if you should come in
- ❑ Inappropriate calls to the office
  - Medication is not working
  - Lost or stolen prescription(s) or medication(s)
  - Prescription renewals (see medication policy below)
  - Requests for medical records – please submit requests in writing for email [info@cipain.com](mailto:info@cipain.com)

Our “**Patient Confidentiality Policy**” prohibits us from providing any of your medical information to anyone, including family members, without your consent. We cannot answer any family member’s question(s) over the phone. If any member(s) of your family want information about your condition, treatment, or test results, they will need to accompany you to your appointment(s), at which time, with your permission, we will be more than happy to answer all of their questions.

For requesting appointments or appointment changes, please call (970) 242-0162 and ask to speak to the scheduler or the person in charge of scheduling. Please do not discuss scheduling details with the physician(s). It is the responsibility of the supporting staff to help you with these matters.

For questions regarding your bills, account, or any financial aspect of your care, please call our billing office at: toll free 866-908-3514 or (419) 843-1369. **Please do not discuss the financial aspects of your care with the physician(s).** We will provide a copy of our fee schedule upon request, as well as a list of contracted third party payers. It is your responsibility to know the specifics of your individual medical coverage, applicable co-pays and limitations of coverage.

#### **4. Emergencies and Urgent Appointments**

By definition, **there are no emergencies in chronic pain management.** If you have a new pain or a change in your usual chronic pain, please schedule an appointment to be seen in our office. At times new symptoms or injuries may be serious and such urgent or emergent situations are best evaluated at the nearest Emergency Room (ER). We are neither an urgent care center nor an emergency room. From time to time, you will have flare-ups (worsening) of your usual pain. This does not constitute an emergency. If you wish, you may request an earlier appointment, or that you be added to our “*cancellation/waiting list*”, in an attempt to be seen earlier. For the most part, you should attempt to identify what initiated the exacerbation (worsening of your pain) and during your next appointment, an attempt should be made to develop a plan for what you should do for those occasions. Walking into the clinic without an appointment, and demanding to be seen is disruptive, inappropriate, and unacceptable, and may lead to dismissal from our program.

##### **Acceptable Urgent Situations are:**

- 1. Problems AFTER a procedure:** Prolonged bleeding; redness and swelling around the procedure site; fever; prolonged weakness or numbness (more than 4 to 6 hours after the procedure); shortness of breath; difficulty breathing; paralysis; being too sleepy; disorientation; urinary or fecal incontinence of new onset (Bowel or Bladder problems) and others.
- 2. Problems AFTER STARTING a new medication:** Allergic reactions; difficulty breathing; rash; swelling; severe nausea and vomiting; disorientation; severe sedation or being too sleepy; etc. (You should immediately stop the medication)

#### **5. Medications**

**If there is any chance of you being pregnant you need to let us know.** Some of the medications used in pain and symptoms management are best not used during pregnancy and others are specifically excluded from use during pregnancy. For the safety of your unborn child it is important to know your pregnancy status

**No phone refills.** Generally speaking, and with rare exceptions, no medications will be called-in. No medications will be changed over the phone. No new medications will be started over the phone. It is necessary to be seen in the office for proper evaluation before medications can be refilled.

**Refills of all medications, if indicated, should be requested during your regular office appointment.** It is your responsibility to know how much medication you have left, and whether or not you will need refills before your next appointment. Prescriptions are generally provided only during your office appointments. If you forget

your refills, you may not have enough medication to last until your next appointment. Remember that should you get home and realize that you did not get your prescriptions, it is unlike we can call the medication into a pharmacy and you will have to return to the office to pick up a prescription. Please do not leave the office without checking your prescriptions for accuracy and to schedule a follow up when you check out BEFORE your prescriptions will next be due.

**No prescription(s) or refills are given after normal business hours, nights, holidays, or weekends.** We consider it the responsibility of each patient to plan ahead to assure that medication(s) does not run out at night or during weekends. Generally, we are unable to accommodate prescription refills outside of normal working hours

**No prescriptions or refills are given when being seen for a procedure at Redlands Mesa Surgery Center.** It is necessary to properly evaluate and document the medical necessity of all medications prescribed. When your physician is seeing you at Redlands Mesa Surgery Center he is NOT in the office. We work in a separate chart/database when in the Surgery Center and it is not the appropriate time to refill routine medications or medications used on a chronic basis. If you are scheduling a procedure and you are also on chronic medication management MAKE SURE TO SCHEDULE A FOLLOW UP APPOINTMENT AS WELL. If you are from out of town, it is acceptable to request a follow up visit and procedure on the same day but we cannot guarantee you can see the same provider.

**Medications should be taken only as directed.** Taking pain medication is less than prescribed is acceptable if prescribed to be taken “as needed”, or you are experiencing adverse effects. Nevertheless, the opposite is not true. You should never take more than prescribed, especially without the physician’s expressed consent. This consent can only be obtained from your physician during a regularly scheduled appointment. Calling the clinics to obtain this consent over the phone not recommended. Taking more medication than prescribed will guarantee that you run out of medication early. For most medications we cannot provide **early refills**. Patients should bring a **complete list** of medications to each **appointment**.

**Always bring your medications to the appointment.** Pills may be counted in order to assess your use of those medication(s). We may also send the medication out to be analyzed for proper identification. Should you not bring your medication(s), have less than what you have, or the identification of the medication should prove that the medication is not what you should have you may be subject to modification of your treatment plan or may be at risk of discharge from our practice for non-compliance.

**You should never borrow medications from anyone else.** This is unwise, dangerous and against the law.

**You should never give, lend, or sell any of your medication to anyone.** It is unwise, dangerous, and illegal. You may be liable for your actions.

**Whenever you are given a new medication,** always check with your pharmacist and ask if there may be any drug interactions with any of the other medications that you are currently taking. Remember that over-the-counter medications and herbs can also interact with prescription drugs.

**We are unable to provide,** write, or renew any prescriptions for medication(s) that you may be receiving for non-pain related reasons (blood pressure medication(s), diabetes medication(s), asthma medication(s), nicotine patches, etc.).

**No “nerve medication(s)”.** If you have problems with your “nerves” (anxiety, depression, nervousness, panic attacks, suicidal ideations, etc.) we will refer you to a psychologist or a psychiatrist for help. We generally do not prescribe medication(s) such as Valium, Ativan or Xanax. (Medication(s) generally utilized for depression or epilepsy may be prescribed because these classes of medication(s) can significantly help certain painful conditions. Medication such as Valium has been shown to actually lower pain thresholds and you may perceive that your pain is worse and medications in this class are more “addictive” than narcotics.

**Lost or stolen medications generally cannot be replaced.** Protect your medications and make sure they are kept in safe place. We do not accept police reports as evidence of medications being stolen. Lost or stolen prescriptions generally not be replaced.

**Follow-up appointments.** We need to see you regularly to assess the continued need for the medication(s) we prescribe. In the case of most pain medication(s) you may need monthly appointments. The maximum follow-up interval for patients prescribed controlled substances is 2 months. Occasionally, if you are stable on non-controlled pain medication, we can extend follow-up intervals to 6 months.

***FOR A MORE COMPLETE DISCUSSION OF OUR MEDICATION POLICY PLEASE REVIEW OUR  
“CONTROLLED SUBSTANCE AND PAIN MEDICATION POLICY”***

## **6. Procedures**

Most procedures take only a few minutes and recovery time is brief. However, in certain situations (sedation) or procedure, more time is required. We will try to estimate the length of time required. There are two basic types of procedures performed at CIPS. The first “**office-based procedure**” includes simple nerve blocks, joint injections, trigger point injections and others. Special patient preparation is generally not required for these simple injection techniques.

The second type of procedure is “**Ambulatory Surgical Center**” (ASC) procedure. All procedures requiring I.V. sedation, fluoroscopy or spinal injection is performed in the ASC setting. We perform most of these procedures at Redlands Mesa Surgery Center (RMSC). Your appointment time represents the time we anticipate initiating your procedure not the time we begin the necessary pre-procedure assessment. Due to the need to perform a full nursing assessment and brief physician history and physical prior to ASC based procedures, you must arrive at least 30 minutes prior to your scheduled procedure time.

### **REDLANDS MESA SURGERY CENTER GUIDELINES FOR ASC BASED PROCEDURES**

#### **REDLANDS MESA SURGERY CENTER IS A PHYSICIAN OWNED AND OPERATED FACILITY**

Dr. William James, MD – Owner and Medical Director  
DECA Health, Inc. – Owner and Manager

#### **Eating or Drinking Prior to Your Procedure**

For those patients undergoing a procedure without sedation, we recommend that you avoid eating before your procedure. A light snack or liquids are acceptable but please avoid any oral intake 2 hours before your procedure.

#### **IV Sedation of Anesthesia**

If you are scheduled to receive IV sedation or “MAC” anesthesia for your procedure then we require that you **DO NOT** eat for at least **SIX (6) hours prior to your scheduled procedure time**. Additionally, if you are receiving

IV sedation or Anesthesia you are not to smoke for 24 hours prior to your procedure and you cannot chew gum within 6 hours of your procedure. It is acceptable to take required medication with a sip of water but please avoid this if at all possible, within 2 hours of your scheduled procedure. If you are a diabetic, please let us know since we prefer to schedule procedures for diabetic patients in the morning. If you are a diabetic patient and have not been scheduled for a procedure requiring sedation you may eat a light morning meal.

One additional note of caution, if you are scheduled at the Hospital and “MAC”, spinal or General Anesthesia is planned you must follow the eating and drinking guidelines of the Anesthesia department which likely are more restrictive.

**Medications** - Please take your regularly scheduled medications with a sip of water, this includes medication(s) for your heart, high blood pressure, asthma and other conditions. Unless specifically instructed by your doctor, you should also take medication(s) prescribed. Avoid if possible, taking these medications within two hours of your procedure if receiving sedation or anesthesia

**Driver policy** - It is necessary that you have someone drive you home after your Hospital or ASC procedure. The driver must be a responsible adult. Having a Taxi does not meet our safety standards. The person accompanying you should be strong enough to help you in and out of the car and into your home. If you are unable to abide by this policy, please discuss it with your physician or our clinical manager so other arrangements can be made.

**If you are unable to abide by the above eating/drinking guidelines and driver requirements, it is your responsibility to discuss the issues in advance.** Failure to make arrangements may result in cancellation or delay. If we are not properly notified you may be subjected to a cancellation charge.

#### **Patients on Blood Thinners:**

For most of our procedures you will need to be off any blood thinners. Before stopping these important medications, our office will get written approval to hold anticoagulants from the physician that provides these medications to you. Examples of these medications include: Coumadin, Heparin, Lovenox, Plavix, Ticlid, Aggrenox, Xarelto, Eliquis and others. Stopping ASA (Aspirin) before injections generally is not required, but may vary case-by-case, check with your pain physician. We require that anti-platelet drugs such as Plavix be stopped 7 days prior to spinal injection(s) or surgical procedures others may need to be stopped only 24 hours in advance. (Procedure(s) not involving injection(s) into the spinal canal may not require stopping anti platelet drug(s)). If you are on Coumadin you must stop taking this drug for a time sufficient to allow your INR to return to normal (1.0-1.3) for most procedures. These special needs should be discussed at your office visit. If you have any questions regarding use of anti-coagulants and interventional pain management procedures please get all your questions answered at an office appointment.

Patients are prescribed anticoagulants for a variety of medical condition(s) of which some are serious. Therefore, we cannot determine the risk of stopping such medication(s). **It is important that we obtain permission from your primary care physician or other medical specialist before stopping your blood thinner.**

**If you have an active infection or a cold**, call the office to see if proceeding with your procedure is advisable. Many of our procedures should not be performed in the presence of an active infection and almost never when a fever is present. Your pain management physician can give you information regarding the safety of proceeding or the need to reschedule. **During the COVID-19 pandemic special rules apply to being seen in the office. We are happy to answer these questions for you and provide our current guide.**



**If there is any chance of you being pregnant, YOU NEED TO LET US KNOW.** Many of the procedures that we perform involve the use of fluoroscopy (x-rays), and are best avoided, if possible, during pregnancy. In certain situations, during second or third trimester some procedures can be performed.

You should always ask your physician to explain the procedure and its risk(s) before the day of the actual procedure. The staff should be able to provide you with written information about the procedure prior to having it done. A great deal of information is available in this handout and on-line at [www.CIPain.com](http://www.CIPain.com). If you have any doubts about the proposed procedure, we highly recommend that you do not have it performed until all of these doubts have been properly addressed. Nevertheless, remember that because the physician has to work on a previously set time-schedule, properly addressing the issue on the day of the procedure may consume the allowed time scheduled for that visit, requiring that the procedure be rescheduled for a later date

## **7. Primary Medical Care**

We cannot be your Primary Care Physician (PCP). Additionally, with rare exception we cannot be the only physician involved in your health care. Thus, it is necessary to have a Primary Care Physician (Family Medicine Physician, Internist, etc.). Please let us know if your PCP has changed as we will be sending updates on your care. We are Chronic Pain and Interventional Pain Specialists and this will be the extent of our involvement. All of your other medical conditions will need to be managed by your medical doctor. We will also not prescribe any medications, other than those directly related to your pain management. Please do not ask your pain physician to refill any medications, other than those prescribed for your pain.

## **8. Handicapped Parking Stickers**

Department of Motor Vehicles (DMV) Handicapped Parking Sticker forms will only be signed for patients in wheelchairs or who demonstrate severe impairment. Remember that there is a limited amount of parking spaces available. When you occupy one of those spaces, you are taking it away from someone who may be wheelchair-bound due to paralysis or other disabling condition(s). The Bureau of Motor Vehicles (BMV) requires an inability to ambulate 200 feet.

## **9. Disability**

“Disability” refers to what you can do with your physical “Impairment”. Your pain medicine physician generally will not provide “Disability Ratings”. We can provide temporary work restrictions or refer you for a full physical assessment regarding your ability to perform certain tasks. Such assessments yield impairment ratings but do not determine level of disability. As physicians, we only provide “Impairment Ratings” and will not determine if you are disabled.

## **10. Disability Forms**

The goal in acute pain management is relief of symptoms, the goal in chronic pain management is functional improvement. Population studies have shown that injured workers on compensation or those seeking or on social security disability or other long-term disability compensation plans do less well than patients whose goals are maintaining function or functional improvement whether that means being gainfully employed or not. Thus, it often runs contrary to our goals to provide disability assessments (there are of course exceptions to this)

**Please do not request any of our pain physicians to complete any “Disability Forms”.** We generally do not make or complete disability determinations, work restrictions, return to work determinations, disability ratings,

impairment ratings, or continuing disability reports, assessments, determinations, or forms. If any of the above is needed, we can refer you to our physical or occupational therapist for a Functional Capacity Evaluation with possible impairment ratings. Insurance disability forms will need to be completed by your primary care physician's staff. **If a situation exists where such paperwork has to be completed by us, there will be an additional charge prior to the form being completed. Please allow two (2) or more weeks for completion. No "rush" requests will be honored.**

### **11. Work Restrictions**

We will provide temporary restrictions related to your diagnosis and procedure(s) performed. Any long-term determination requires a functional capacity evaluation and perhaps evaluation by specialists other than your pain physician.

### **12. Out of Work Excuse**

These excuses can be provided **only** for the day spent in our facility for your appointment or for short recovery periods directly after your pain procedure(s). Length of such excuses is dependent on the condition, treatment regimen or procedure performed. No retroactive excuses can be provided. If you believe that you cannot perform your job duties, you will need to speak to your employer about the possibility of temporary disability. Discuss such need for excuse from work at the time of your appointment. There is a monetary charge for providing an excuse if not done during a regularly scheduled appointment.

### **13. Patience is a Virtue**

Unfortunately, because of the nature of what we deal with, some of our patients tend to become depressed, frustrated; distrust the system, suspicious, and demanding. Some tend to be aggressive and threatening. In the past we have encountered patients that tend to forget that 100% of the patients that we see are here because of pain that may be as bad or worse than theirs. In fact, we also treat cancer pain patients whose life expectancy may be very short and their pain severe. These patients, due to their short life span, do have priority. We are here to help, and we will do everything possible to make that happen. Rude, abusive, aggressive, and/or threatening behavior will not be tolerated and will lead to discharge from the program.

### **14. Responsibility**

In the specialty of "Pain Management", contrary to other medical specialties, the responsibility of the patient's care lies mostly on the patient rather than the physician. Patients are expected to make every effort in understanding their condition as well as their treatment. This treatment is usually multidisciplinary and often includes physical therapy, exercise, diet, smoking cessation, cognitive therapy with psychologist and alternative treatments. It is the patient's responsibility to ask questions when something is not understood. It is imperative that patients participate in all recommended treatments and missing physical therapy, psychology and other appointments cannot be tolerated. Compliance is critical to successfully treat your pain. It is also the patient's responsibility to follow all of the clinic's rules, as well as state and federal laws pertaining to controlled substances (if you are receiving them). You should always know the names of the medication(s) that you are taking, the dosage(s), the schedule, the amount left, and how long it will be before you run out of medication(s). Patients should have a list of their medication(s) with the above information, readily available. After each appointment, always check your prescription(s) before you leave the office.

## 15. Information

By now, it should be obvious that we believe in providing as much information as possible to our patients. In an effort to do this, we have this information available in the clinic, as well as via the Internet. For more information, please log onto our Website [www.CIPain.com](http://www.CIPain.com).

## 16. How to Prepare for Each Appointment

Visit our website and review the procedures and information available. Be sure to explore the many links.

- Be on time. Always try to be in the office, at least fifteen (15) minutes prior to your appointment. Thirty (30) minutes prior to any procedure at RMSC
- Read all the information provided to you
- Write down all of your questions, including all of the points that you want to address with your physician
- Carefully and truthfully answer the pain questionnaire
- Bring all of your pain medication(s) for pill count
- Always bring a list of all your current medication(s), dosage(s), schedule, and the name(s) of the prescribing physician(s)
- Bring the report(s) on any MRI, CT, or Nerve Conduction Test(s) you have had done in the past (at least in the past 2 years). List when and where you had any studie(s) done. Please bring the actual film(s). X-ray(s) or MRI film(s) saved on a CD is acceptable
- Bring a list of all the medications that you have tried in the past. This will save time if we don't have to repeat any. Also, list any side effects or complications that you have had to those medications and why you no longer take them
- Bring a list of all physicians that have been involved in your care whenever possible, include their address and telephone numbers
- If your insurance requires appointment pre-approval, make sure that you have this prior to being seen in our office(s)
- Bring your insurance card to every visit. If you have more than one insurance, bring all of your cards.
- Always bring your co-pay
- Bring your driver's license

### **Bring the following insurance information:**

- Subscribers name and date of birth
- ID and Group number
- The complete insurance billing address
- The insurance company's telephone number and contact person
- The subscriber's employer
- The patient's relationship to the subscriber
- Photo ID of patient

### **If you are a Worker's Compensation / Auto liability patient, please bring the following information:**

- Date of the accident
- Date that you were last able to work. (if applicable)

- What is the working diagnosis for the claim?
- Patient's claim number
- Name and telephone number of the claim adjuster
- Is the claim pending litigation? If litigation is pending, we will need the name, address, and telephone number of your attorney.
- Approved Diagnosis Codes if applicable.

### **17. Ideas, Suggestions and Quality Improvement**

We encourage you to make suggestions to improve our delivery of pain management services, policies and procedures. While we hope everyone is happy with the care they receive, it is the nature of the business that there is always room for improvement.

All patients should receive a customer satisfaction survey on or about their third visit. Please take the time to complete this form. Your comments are valuable to us in developing programs and systems to better serve you as well as all patients in the future.

We also have customer grievance forms that you may request to document your concerns, whether they are positive or negative. We take all complaints seriously and every written Complaint is discussed at our Quality Improvement Committee Meetings. Holly James is our Director of Nursing, whose responsibility includes assuring that a patient's voice is heard. Please feel free to ask for her assistance, or if you have any questions or comments about your experience at either CIPS or RMSC.

If for some reason you decide that our methods do not meet your needs, we would be happy to help you find another pain management group or physician. We maintain a list of qualified pain specialists. This list is available upon request.

**PATIENT REGISTRATION FORM**  
PLEASE COMPLETE ALL FORMS IN BLUE OR BLACK INK ONLY

**PATIENT INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ HOME PHONE: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_ REFERRING PHYSICIAN: \_\_\_\_\_

Do you have access to a computer with Internet?  YES or  NO

Would you like your medical information accessible through the internet?  YES or  NO

Please provide your email address: \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_ OTHER PARENTS NAME: \_\_\_\_\_

**INSURANCE:**

PRIMARY INSURANCE: \_\_\_\_\_ SECONDARY INSURANCE: \_\_\_\_\_

INSURED LAST NAME: \_\_\_\_\_

INSURED LAST NAME: \_\_\_\_\_

INSURED FIRST NAME: \_\_\_\_\_

INSURED FIRST NAME: \_\_\_\_\_

MI: \_\_\_\_\_

MI: \_\_\_\_\_

INSURED SS# \_\_\_\_\_

INSURED SS# \_\_\_\_\_

INSURED DOB: \_\_\_/\_\_\_/\_\_\_ SEX: \_\_\_\_\_

INSURED DOB: \_\_\_/\_\_\_/\_\_\_ SEX: \_\_\_\_\_

POLICY#/RID#: \_\_\_\_\_

POLICY#/RID#: \_\_\_\_\_

GROUP#: \_\_\_\_\_

GROUP#: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_/\_\_\_/\_\_\_

EFFECTIVE DATE: \_\_\_/\_\_\_/\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

**EMERGENCY NOTIFICATION:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION AND ASSIGNMENT OF INSURANCE BENEFITS**

I authorize the release of any medical information necessary to process my insurance claim(s). I also assign all medical and/or surgical, benefits including major medical benefits, liability, auto accident and Worker's Comp., to which I am entitled, to **Colorado Injury and Pain Specialist**. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered valid as an original. Even though I have provided all my insurance information, I understand I am financially responsible for any balance not covered by my insurance.

**MEDICARE-MEDICARD:** I certify that the information given by me in applying for payment is correct. I request the payment of authorized benefits by made on my behalf.

Signature of Responsible party: \_\_\_\_\_ Date: \_\_\_\_\_

**PATIENT INFORMATION FORM**  
PLEASE COMPLETE ALL FORMS IN BLUE OR BLACK INK ONLY  
*(Please complete and bring with you to your appointment)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Physician Information:**

**Family:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Referring:** \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Present Problem:**

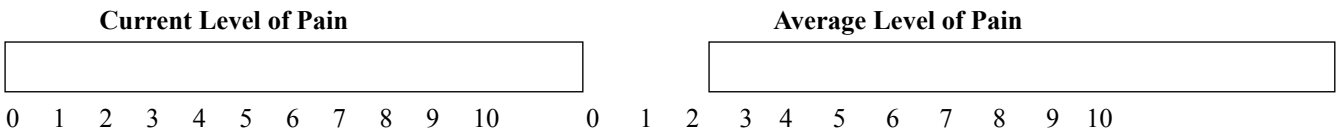
Briefly list the main reason(s) for your visit today: \_\_\_\_\_  
How did your pain problem first start (describe)? \_\_\_\_\_  
\_\_\_\_\_

Please describe what your pain is like:

<input type="checkbox"/> Sharp	<input type="checkbox"/> Shooting	<input type="checkbox"/> Burning	<input type="checkbox"/> Pressure	<input type="checkbox"/> Throbbing	<input type="checkbox"/> Cramping
<input type="checkbox"/> Achy	<input type="checkbox"/> Constant	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Gnawing	<input type="checkbox"/> Tender	<input type="checkbox"/> Comes & Goes

How long have you had this pain? \_\_\_\_\_

At any given time, think of your pain intensity as falling somewhere on a scale from 0 to 10.  
Please rate your pain on the following diagrams: **0=No pain 10=Very severe pain**



When is your pain the worst? (check one): **Morning Afternoon Evening Night Varies All the time**

Are you awakened at night by your pain? **No Yes**

What improves your pain? : \_\_\_\_\_

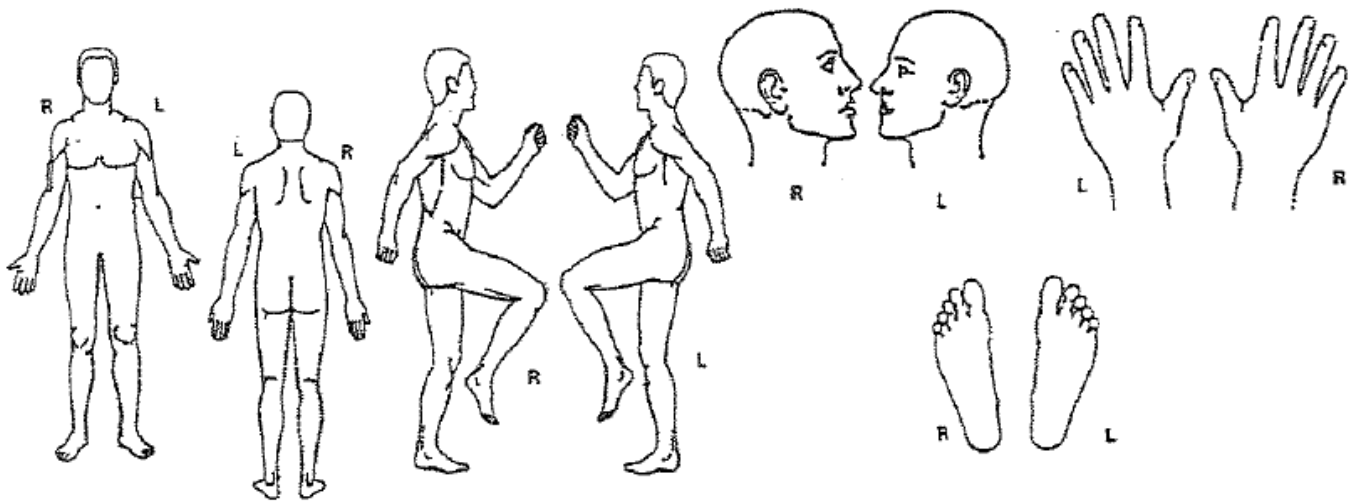
What worsens your pain? : \_\_\_\_\_

**Previous Treatment for Pain:**

Which of the treatments listed below have you participated in to relieve your pain?

Treatment (check if you had treatment)	Helpful Yes	Helpful No	Date and Where
Nerve Block			
TENS Unit			
Occupational/ Physical Therapy			
Bio-Feedback			
Hypnosis			
Counseling			
Chiropractor			
Acupuncture/ Dry Needle			
Others ( Please Note Treatments)			

Please shade in the areas where you feel pain and the degree of pain you are feeling on the drawings below. Please use the following examples: **minimal pain-light shading** **severe pain-dark shading**



Which of the tests below have you had to evaluate your pain problems?

Test	Y	N	Date	Where were tests done?
X-Rays				
CT Scan				
MRI				
EMG				
Myelogram				
Other (please indicate type of test)				

Patients Name: \_\_\_\_\_

**Medical History:**

**Check All that Apply**

<b>Cancer</b>	<b>None</b>	<b>Neurological</b>	<b>None</b>
What Type: Radiation/ Chemotherapy:		Headaches	
		TIA ( Mini Stroke)	
<b>Skin</b>	<b>None</b>	Multiple Sclerosis	
Skin ulcer, Where:		Stroke/ Paralysis	
Psoriasis		<b>Psychological</b>	<b>None</b>
Rash Where:		Depression/Anxiety	
<b>Head/Ears/Eyes/Nose/Throat</b>	<b>None</b>	Eating Disorder	
Cataract		Bipolar	
Glaucoma		Alcoholism	
Sinus Infection or Sinus problems		Drug Abuse, (Type):	
<b>Respiratory</b>	<b>None</b>	<b>Hematologic</b>	<b>None</b>
Asthma		Blood Clot: Where:	
Sleep Apnea		Anemia, Type:	
if yes Do you use a C-pap machine		<b>Endocrine</b>	<b>None</b>
Emphysema/ COPD		Thyroid Disease	
Pneumonia		Diabetes	
<b>Cardiac</b>	<b>None</b>	<b>Infectious Disease</b>	<b>None</b>
Heart Failure		Hepatitis (Type):	
Abnormal Heart Rhythm/ Heart Palpitation/ A Fib		MRSA	
High Blood Pressure		Herpes Zoster	
<b>Gastrointestinal</b>	<b>None</b>	Rheumatic Fever	
Stomach/ Duodenal ulcer		<b>Rheumatology</b>	<b>None</b>
Cirrhosis		Rheumatoid Arthritis	
Gallstones		Gout	
Pancreatic Disease		Lupus	
Esophagus Disease		Fibromyalgia	
Crohn's or Colitis		Additional Notes:	
Diverticulitis			
Acid Reflux/ GERD			
<b>Genitourinary</b>	<b>None</b>		
Kidney Infection			
Kidney Stones			
Kidney Failure			
Dialysis			
Prostate Problems			
<b>Muscle Skeletal</b>	<b>None</b>		
Osteoporosis			
Degenerative Arthritis			



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Patient Name: \_\_\_\_\_

**Past Surgeries:**

Please list all surgeries

List of Surgeries	Date	List of Surgeries	Date

Are you allergic to any medications? Yes No If Yes, which medications? \_\_\_\_\_

Have you ever had difficulties with spinal, epidural or anesthetics? Yes No

**Current Medications:**

What, if any, medications are you currently taking? Please list all medications, prescriptions and over the counter, including herbs and vitamins.

Medication	Strength	Frequency	Medication	Strength	Frequency

List any medications that you have previously taken for your pain.

Medication/Dosage	Frequency	Why did you discontinue??

**Family History:**

Check All That Apply

	Mother	Father	Sisters	Brothers	Grandmother	Grandfather
<b>Cancer</b>						
<b>Heart Disease</b>						
<b>Lung Disease</b>						
<b>Diabetes</b>						
<b>Kidney Disease</b>						

**MOTHER:** LIVING OR DECEASE: CAUSE: \_\_\_\_\_

(CIRCLE ONE)

**FATHER:** LIVING OR DECEASE: CAUSE: \_\_\_\_\_

(CIRCLE ONE)

**Social History:**

**EBOLA QUESTIONS:** (CIRCLE ONE)

Have you or any family member traveled out the United States in the past year? **NO / YES** If yes whom \_\_\_\_\_

Have you Traveled to Spain or Africa? **NO / YES** If yes when \_\_\_\_\_

Do you have a Fever of 100.4 Degrees? **NO/ YES** If yes for how long \_\_\_\_\_

Have you handled bats or non-human species from Western Africa **NO/YES** If yes what kind and when \_\_\_\_\_

**Military Status:** Veteran: \_\_\_\_\_ Currently Serving: \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

**Alcohol Use:** Type \_\_\_\_\_ Amount per Day: \_\_\_\_\_

**Tobacco use:** Smoke/ Chew/ E-cig or Vapor (Circle One) How many per day: \_\_\_\_\_

**Employment Status:** Full-Time: \_\_\_\_ Part-Time: \_\_\_\_ Unemployed: \_\_\_\_ Student: \_\_\_\_ Retired: \_\_\_\_ Disabled: \_\_\_\_

**Occupation:** \_\_\_\_\_

What does your work involve? \_\_\_\_\_

Who lives at home with you? \_\_\_\_\_

**Drug Use:** None Prescribed Marijuana-frequency \_\_\_\_\_ Cocaine-frequency \_\_\_\_\_

Other: \_\_\_\_\_

**Diet:** Normal (No restrictions): \_\_\_\_\_ Other: \_\_\_\_\_

**Caffeine Intake:** Coffee \_\_\_\_\_ Tea: \_\_\_\_\_ Soda: \_\_\_\_\_  
 (# cups per day) (# cups per day) (#cups per day)

**Exercise:** None or Type: \_\_\_\_\_ How many times a week: \_\_\_\_\_

Activities/ Hobbies: List:

**Review of Systems:**

In the **PAST 4 WEEKS** have you noticed any of the following symptoms? **Please check all that apply.**

<b>General</b>		<b>None</b>	<b>Genitourinary</b>		<b>None</b>
	Weight Change		Problems/ Pain with passing urine		
	Appetite Change		Urine Leakage		
(Circle the ones that apply)	Fever, Chills, Sweats		Menstruate Problems		
(Circle the ones that apply)	Dizziness, Fainting		Maybe Pregnant		
<b>Head/Eyes/Ears/Nose/Throat</b>		<b>None</b>	Prostate Problems		
	Vision Change		<b>Muscoskeletal</b>		<b>None</b>
	Hearing Change		Joint pain		
	Dry Mouth		Joint Swelling		
	Trouble Swallowing		Stiff Muscles		
	Mouth Sores		Painful Muscles		
<b>Cardiac</b>		<b>None</b>	<b>Neurological</b>		<b>None</b>
	Chest Pain		Headache		
	Swollen Ankle		Weakness		
	Rapid Heart Rate		(Circle the ones that apply)	Numbness/Tingling	
<b>Respiratory</b>		<b>None</b>	Where? _____		
	Shortness of Breath		<b>Skin</b>		<b>None</b>
	Coughing up Blood		Rashes, Where? _____		
	Rapid Breathing		Skin ulcers- Where? _____		
<b>Gastrointestinal</b>		<b>None</b>	Open Cuts/ Sores/ Buries		
	Heartburn		<b>Psychological</b>		<b>None</b>
	Nausea		(Circle the ones that apply)	Anxiety, Depression	
	Abdominal pain		Bipolar Disorder		
	Constipation		Insomnia		
	Diarrhea		<b>Endocrine</b>		<b>None</b>
	Bleeding from Rectum		Thyroid Problems		
	Black Bowel Movements		Excessive Sweating		
Additional Note:		<b>Allergy</b>		<b>None</b>	
		(Circle the ones that apply)	Latex, Seasonal		
		<b>Hematologic</b>		<b>None</b>	
		Varicose Vein			
		Blood Colt			

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**Patient Plan of Care/Goals:**

(To be completed with the Nurse at the time of the first appointment)

It is important that you take an active role in a plan to control your pain. Please communicate with our Pain Management Staff, your Pain Management goals. (Including any educational needs)

1. Restore or improve functioning by reducing pain whenever possible: \_\_\_\_\_
1. Develop self-help and maintenance skills for managing pain and it's related problems: \_\_\_\_\_
2. Increase knowledge of Chronic Pain Management: \_\_\_\_\_
3. What do you expect from the Pain Management Clinic? \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO DISCLOSE MEDICAL INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**What Type of Message Can We Leave for You?**

In an effort to better serve you, Colorado Injury and Pain Specialist needs to know what type of messages we can leave on your answering machines/voicemail. Please indicate your preferences for contacting you by the phone.

**CIPS may leave a detailed message on my answering machine/voicemail?**

YES     NO     Other: \_\_\_\_\_  
(If no, we will leave enough information for you to call us back.)

**CIPS will always leave detailed information when confirming your appointments, unless otherwise indicated by you, the patient.**

AGREE     DISAGREE  
(If you disagree, a message to call us back will be left on your answering machine/voicemail.)

**Who Can We Speak to Concerning your Protected Health Information?**

Please tell us who we can disclose or discuss your Protected Health Information.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please check the types of information that you authorize CIPS to disclose/discuss with indicated family/friends.

My Entire File

OR

(Check the items that you are comfortable with sharing with family/friends)

<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Test Results	<input type="checkbox"/> Billing Information	<input type="checkbox"/> Dates of Treatment	<input type="checkbox"/> Symptoms
<input type="checkbox"/> Prognosis	<input type="checkbox"/> Progress to Date	<input type="checkbox"/> Modalities & Frequencies of Treatment	<input type="checkbox"/> Treatment Plan	<input type="checkbox"/> Clinical Psychologist

Other: \_\_\_\_\_

I understand that I may revoke or change this authorization at anytime by completing another Consent to Disclose Medical Information form. I understand that I will not be denied or refused treatment if I refuse to sign this authorization. I understand that I have the right to receive a copy of this authorization, if requested. I understand that this authorization will not expire.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PATIENT CONSENT TO PHOTOGRAPH**

*It is the policy of this facility to take the photograph of each patient for proper identification.*

The patient or legal representative of the patient must acknowledge this documentation by signing below as indicated.

This consent will serve as identification documentation for the duration of the treatment for the particular condition or injury.

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness to Signature:** \_\_\_\_\_

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**ADVANCED DIRECTIVE INFORMATION**

Dear Patient,

The Colorado Department of Health requires Ambulatory Surgical Centers (ASC) to have on file a patients' Advanced Directives. Advance Directives include a Living Will, Durable Power of Attorney (pertaining to medical care), and Do Not Resuscitate orders.

**Please initial your response in each area below.**

**Living Will**

YES       NO       NO, but I would like information

**Durable Power of Attorney**

YES       NO       NO, but I would like information

**Do Not Resuscitate Orders**

YES       NO       NO, but I would like information

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Thank you,*

Colorado Injury and Pain Specialist

## **SUMMARY OF JOINT NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This is a brief summary of your privacy rights. A copy of the entire Joint Notice of Privacy Practices which provides a full description of your rights is available at the registration desk.

This notice summarizes the privacy practices of Redlands Mesa Surgery Center and Colorado Injury and Pain Specialists. These organizations are allowed to share medical information with each other for treatment, payment and operational activities. We will use this information in order to provide our patients with complete and comprehensive health care services.

### ***Our Commitment to You***

We are committed to protecting your medical information. We are required by law to keep medical information about you private, to give you notice about our privacy practices and to follow the practices outlined in the notice.

### ***How We May Use and Disclose Your Medical Information***

We may use your medical information for treatment (such as sending medical information about you to your referring physician, payment (such as sending a bill to your insurance company), and for health care operations (such as evaluating the performances of our staff).

Under certain circumstances we are allowed to use or disclose your medical information without your written permission. We may give out information about you for public health purposes, reports or abuse, neglect, or domestic violence, health oversight audits or inspections, research studies, funeral arrangements and organ donations, government programs, workers compensation and emergency situations. We also disclose patient information when required by law, such as in response to request from law enforcement or in response to judicial orders.

We also may contact you for appointment reminders, or to tell you about possible treatment options and health services. We may disclose medical information about you to a friend or family member who is involved in your care.

### ***Your Rights Concerning Your Medical Information***

You have the right to access or copy your medical information. There may be a fee for this service; you make ask us to amend the medical information you believe is incorrect or incomplete. You may have a list of non-routine disclosures we have made about you. You may request special confidential communications. You may request restrictions on information disclosed about you. You have the right to complain to us and to the federal government if you believe your privacy rights have been violated. You have the right to a paper copy of the entire Joint Notices of Privacy Practices.

We have the right to make changes to the Joint Notice of Privacy Practices. A copy of the current Joint Notice of Privacy Practices is available in the locations where you receive services.



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**NOTICE OF PRIVACY ACKNOWLEDGEMENT**

**Patient Name:** \_\_\_\_\_  
(Printed Name)

I understand and acknowledge the receipt of the Health Insurance Portability and Accountability Act (HIPAA).

Signature: \_\_\_\_\_

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

**Patient is unable/willing to sign for the following reason:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Notice of HIPAA was given to patient (Please Check Box)

Employee Signature: \_\_\_\_\_

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

## **CONTROLLING EXPECTATIONS OF PATIENTS DEPENDENT ON OPIOIDS FOR PAIN MANAGEMENT**

The physicians of CIPS, unlike many other area pain physicians, very much want to help chronic pain patients who are currently dependent on opioids even those on large doses. The following may apply to all referrals but is specifically posted here for the benefit of patient's dependent on opioids (taking more than three doses of short acting narcotic per day or any regimen that includes a long acting formulation)

The initial visit at CIPS is for evaluation only and generally speaking your physician will not prescribe any controlled substances on the first visit. It is important that if you are dependent on pain medication that you have an adequate supply by your current prescriber to complete fully the evaluation process.

All patients dependent on opioids will need to be evaluated by the pain psychologist. This visit is for opioid risk assessment and general assessment of mood, depression and anxiety. There are no exceptions. There is increased risk of intentional or accidental overdose in patients with certain current and past psychological history or substance abuse history.

Most patients will also need to be evaluated by our physical therapist. Evaluation may lead to recommendation for further visit but it is the evaluation that is most important.

We meet as a multidisciplinary team consisting of case managers, physicians, nurse practitioners, psychologist, and physical therapist. It is at these meetings that patient specific treatment plans are developed.

You will be asked to return for a follow up appointment after the evaluations and meetings are completed. This may take 30 days depending on your schedule.

Many patients are referred on medical regimens that are not consistent with current standards of care or state and federal practice guidelines. We cannot continue regimens that do not meet current standards or when there is not a diagnosis or findings that support the medical necessity of prescribing a dangerous medication. Also the combination of narcotics and benzodiazepines such as Valium and Xanax pose additional risk and continuing narcotics in the presence of continued use of benzodiazepines does not meet current standards of care. We can help you reduce your reliance on these medications without increasing your pain. Pain medication may be part of your treatment plan at CIPS but it will be prescribed consistent with these standards and our evaluation of your specific situation.

The good news is there are many options, both medical and interventional, to help manage you pain here at CIPS and we are more than happy to develop a custom treatment plan for you.

***If your only goal is to receive opioids to manage your pain, this may not be the best practice for you. We do encourage you to come to the initial visit and find out what options are available. We have enjoyed great success reducing patient's reliance on pain medications and returning patients to "life, work and sport".***

### **SPECIAL NOTE FOR OPIOID ONLY REFERRALS**

The provider of CIPS are not under any obligation to provide patients with opioids though we are available to evaluating any patient referred to this practice. We have, on occasion, received referrals for opioid prescribing while patient is under the care of another pain or spine physician. We cannot accept patients ONLY for medical management.

We provide the most extensive minimally invasive options to manage pain on the Western Slope and to have better chance for success we need to manage all aspects of your non operative treatment for your painful condition.

Additionally, we generally do not accept referrals to manage opioids while patients are awaiting treatment for their pain elsewhere (such as spine surgery.) Such acute or subacute pain management is best managed or monitored by the treating physician or PCP. There are exceptions due to special circumstances so we happy to evaluate patients to make a determination if we can help.

In summary: CIPS treats chronic pain in a multidisciplinary setting. As you are currently taking pain medications daily please be aware that our physicians will evaluate you but, in most cases, will not provide pain medications that are controlled substances on the first visit. You will be required to have an appointment with the pain psychologist. You may be required to undergo a physical therapy evaluation. We will discuss your case at our weekly meeting before agreeing to accept you as a patient. CIPS has a wide variety of treatment options for pain and we, as a team, have a singular mission to improve your quality of life while limiting dependence on dangerous medications. CIPS is not under any obligation to continue your current medical regimen if, after our evaluation, we determine it is not indicated or not compliant with current best practices. If you agree to, we look forward to your evaluation.

## FINANCIAL POLICY

**Colorado Injury and Pain Specialists (CIPS)** – CIPS is dedicated to serving our patients with the highest quality of care at the lowest possible cost. We ask that you help keep our fees at a competitive level by observing the following financial policy. The **purpose of this statement** is to help you understand our policy in relation to the centers charges. We encourage open discussion of services and fees prior to treatment.

**For questions regarding either service, please call 419-843-1369.**

You may receive **TWO** bills for your services:

- One bill from **Colorado Injury and Pain Specialists**, for the professional services of our centers physicians.
- One bill from **Redlands Mesa Surgical Center**, the facility fee (i.e. nursing and technician services, anesthesia, supplies and equipment).

**It is ultimately your responsibility to make sure that all of your services are paid in full. Failure to do so will result in cancellation of your procedures and delay in your treatment.**

**Patient's initials**

## YOUR HEALTH INSURANCE POLICY/COVERAGE

Since insurance plans vary, we recommend that you be familiar with your plan benefits as they relate to deductibles, **co-pays**, non-allowed charges and pre-certification. Your insurance coverage represents a contract between you and your insurance carrier.

If you have an insurance policy, such as an **HMO/PPO** that requires **pre-certification / pre-authorization or referrals for any service, including office visits, it is your responsibility** to obtain it, update it and keep it current. If you need any help, our staff will be more than happy to help you through the process. On your insurance card will be a telephone number that you should call for pre-approvals or information on deductibles, co-pays, and pre-certification. You can also use this number to find out what your insurance company's allowable is for the proposed treatment.

If you have any questions about the requirements of your coverage, please contact your employer or insurance carrier. We cannot interpret policies for you. We cannot tell you what your financial responsibility will be for a procedure until the claim has been processed. You must contact your insurance company for this information. Remember that the difference between the allowable and the cost of the treatment will be your personal responsibility unless a current contract is on file with your insurance company and us.

You will be responsible for services rendered that are outside the scope of any referral issued by your insurance carrier. You are expected to be aware of any and all conditions of your insurance coverage. Please provide us with information on any secondary insurance coverage that you may have as they may cover the difference.

No one can overturn a **denial for coverage** more effectively than the patient. If your insurance company has denied coverage for the proposed services, our physicians will be more than happy to write a **"letter of Medical Necessity"**. Despite this, some companies will continue to deny coverage, in which case, it becomes the patient's responsibility to try to overturn the decision; otherwise, the responsibility for payment becomes entirely yours.

We will provide you with the information necessary for you to request a review of a denied claim or to follow up on disputed claims. It is your responsibility to follow up on any outstanding claims and to see that your carrier pays promptly. Claims status does not relieve you of your responsibility to pay your bill. Be aware that for some insurance carriers, granting *authorization* for treatment does not mean that they will actually pay for it. Denial of payment after pre-approval or authorization will make you responsible for the charges.

**Filing claims** with and accepting benefit assignment from your insurance company is a courtesy

to patients provided by many physician offices. However, an increasing number of physician offices require full payment at the time of service and the patient is responsible for securing payment from the insurance company. When a medical practice chooses to help patients by filing for insurance payments, the result to the physician is that he often waits 45 days or more for payment. **Colorado Injury and Pain Specialists** has chosen to continue to work with insurance companies for as long as possible to make it easier for patients to receive the specialized healthcare they need. This means both us as the provider, and you as the patient have certain responsibilities.

**The balance due is your responsibility if we do not receive payment from your insurance company within 30 days.** Therefore, you may receive a bill after those 30 days. If we receive duplicate payment from the insurance company, we will promptly refund any overpayment to your insurance carrier.

\_\_\_\_\_  
**Patient's initials**

#### **YOUR RESPONSIBILITIES**

- Provide us with current insurance information; primary, secondary and tertiary
- To help us provide the most efficient and reasonable health care services, **we need your insurance information to be accurate**, complete and up-to-date
- Update our office when insurance coverage and personal information changes
- Failure to give your current and correct personal information can result in your account being sent to a collection agency
- Obtain pre-certification for services from your insurance carrier (telephone number is on your insurance card)
- Pay co-payments and deductibles at the time of service
- Pay outstanding balances when you receive statements
- Work with employers and insurance companies if collection from insurance companies becomes a problem
- Stay in touch with our billing office regarding your account

\_\_\_\_\_  
**Patient's initials**

#### **SELF-PAY PATIENT POLICY**

***A self-pay patient is a patient who has no medical insurance or medical benefits. 50% of all services must be paid for at the time of service. The initial consultation cost is \$210.00. We are unable to quote prices for procedures until after you have been seen by the physician and a plan of care has been established. You may not accrue a balance on your account.***

\_\_\_\_\_  
**Patient's initials**

#### **YOUR COPAY IS DUE AT THE TIME OF SERVICE.**

**Failure to pay your co-pay at the time of service will result in an additional charge of \$10.00.**

- Your co-pay may be paid in cash, a check or paid using your credit card at the time of your service.
- Please indicate your preference to the receptionist at the time of your service.
- Unpaid copays will result in cancellation of appointments.

\_\_\_\_\_  
**Patient's initials**

#### **DEDUCTIBLE AMOUNTS MUST BE PAID IMMEDIATELY ONCE CLAIM IS PROCESSED**

A deductible is a set amount of medical expenses a patient must pay to become eligible for insurance benefits under an insurance program. What does that mean exactly? It means that before an insurance company begins to make payments for a patient, the patient must meet their deductible. We will call your insurance carrier before you are seen and inquire as to the amount of your deductible and if any of it has been satisfied yet. If you are scheduled for a procedure and your deductible has not been met, we will collect this amount from immediately once claim is processed.

Deductible amounts must be made to **Colorado Injury and Pain Specialists** for the professional fees and to Redlands Mesa Surgical Center for the facility/anesthesia fees.

**Patient's initials**

### **PAYMENT ARRANGEMENTS**

Other than co-pay amounts and deductibles; when you accrue an account balance we will be happy to work with you to establish a monthly payment plan. You will be required to pay 25% of the balance due every month. Payments **MUST** be made every month. Your need for potential payment arrangements should be discussed before services are rendered. Payment plans may not be set up once accounts reach delinquent status (i.e. collections, bankruptcy). The 25% must be paid monthly or the account balance will become due in full and balances will be forwarded to a collection agency for continued collection proceedings.

**Patient's initials**

### **CANCELLATION POLICY**

24 hour notice must be given for all office visits, physical therapy, and psych visits.

- **\$25.00 for a missed office visit with a nurse practitioner**
- **\$25.00 for a missed office visit with physical therapy**
- **\$50.00 for missed office visit with a physician**
- **\$100.00 for missed visit with clinical psychologist**

24 hour notice must be given for ALL procedures.

- **\$100.00 for a missed procedure visit and an additional \$100.00 if anesthesia was scheduled**

You must make payment immediately when a no-show cancellation charge has been assessed to your account in order to schedule any appointments or to avoid cancellation of other appointments previously scheduled. When payment is received for the 1st no-show/cancellation (this only applies to 1st fee), this will be used towards your account balance or applied to your next visit co-pay. Should you late cancel a second time in a one year period then the collected fee will be forfeited and not applied to your patient balance or subsequent co-pays. Since money collected for no shows and cancellations is applied to your balance or subsequent co-pays this policy will apply to all late cancellations regardless of cause or reason. In extraordinary situations, at the discretion of the Program Coordinator or Medical Director the fee may be waved.

**Three missed appointments without proper notification may lead to discharge from the practice.**

**Patient's initials**

There will be a **\$25.00** charge for any form completion over and above any medical request fee. This includes Disability, legal documents, etc.

We ask that you read this policy and assist us in keeping our costs down by ensuring that we can be paid

on a timely basis for our services. We welcome the opportunity to discuss with you any aspect of our financial policy.

***To help us fulfill this policy, we ask that you assist us by:***

1. Providing us with current and updated information on yourself and your insurance coverage and advise us immediately of any changes in insurance coverage, personal address, etc.
2. Making payment at the time of service for the entire balance if you are a "Self-Pay" or "Self-Insured" patient or for the amount of the deductible or co-payment if you have insurance.
3. Keeping your balance current or continue to make regular monthly payments on your balance.
4. Discussing your account status and balance only with the checkout staff or our billing staff.

**Your physician is not in the billing department. Please do not discuss the financial aspects of your care with the physician(s).** It is important for them to be allowed to practice medicine and provide patient care. We have employed professional billing staff that is familiar with the services we provide and with all of the insurance plans with which we participate. Please call them at 419-843-1369 anytime you have questions about your coverage or your account.

We ask that you pay ahead of time on the balance or any unmet deductible that is your responsibility. For **Medicare patients**, we will wait until we have received payment or other response from Medicare before billing you for any remaining balance due.

For **Worker's Compensation claims**, it is our policy to bill your employer or the Worker's Compensation carrier for services rendered. However, you must bring proof of acceptance of the claim; complete billing information and authorization from the compensation carrier. **Otherwise, you will be responsible for all fees incurred.** If you are covered, we will accept the payment made by Worker's Compensation as payment in full. If Worker's Compensation denies payment or goes into litigation, the entire balance will become your responsibility and will be due within 10 day of the date of the denial. We will, however, as a courtesy bill your private health insurance plan if you provided us with the appropriate information at your initial visit. For this reason, and for your protection, we ask that you provide complete information on all your health insurance at the time of your initial appointment.

For **Standard Insurance carriers** that do not cover office visits, you will be required to make full payment for the services not covered on the day of service.

For **Commercial contracted carriers**, we will wait until we have received payment or other response from your insurance before billing you for any remaining balance due. We ask that you pay ahead of time on the balance or any unmet deductible that is your responsibility.

**We do not hold bills for pending litigation** or bill attorneys for services rendered to patients. Presenting a letter or representation from an attorney does not alleviate you of the responsibility for your bill. **If your treatment is required as a result of an accident, we will expect 50% of charges for service at the time of service.**

**If you do not have any health insurance and are not covered by Medicare, Medicaid or Worker's Compensation, you will be considered a "Self-Pay" patient. Payment is due at the time we deliver services to you and we require that you pay 50% of the charge for the service at the time of your visit.**

**Patient's initials**

Our Responsibilities

- File claims with insurance companies in a timely manner
- Send appropriate documentation of procedures and medical necessity when necessary
- Post payments received in a timely fashion
- Send statement of account activity and patient balances due in a timely manner

**DECLARATION OF INSURANCE**

**Non-Work-Related Injury**

**Please Read Carefully**

By signing this form, you are declaring that the injury or disease for which your Colorado Injury and Pain Specialists (CIPS) Physician is treating you is not a work-related injury, **It is understood you will not be filing a Worker's Compensation claim.** Should you file such a claim at a later date, CIPS cannot and will not support your claim based on this signed declaration. Furthermore, you are financially responsible to CIPS for all charges unless otherwise specified by a contractual agreement with your insurance carrier.

I, \_\_\_\_\_ hereby declare that my injury is not work related and I authorize CIPS to submit a claim and complete information to my insurance carrier for covered services rendered by my physician. I authorize my insurance carrier to issue payments directly to CIPS for all payable services. I understand that I am financially responsible to CIPS for all charges unless otherwise specified by a contractual agreement with my insurance carrier, or otherwise prohibited by applicable Colorado Law.

**Non-Auto Related Injury**

**Please Read Carefully**

By signing this form, you are declaring that the injury or disease for which your CIPS Physician is treating you is not a auto accident related injury, **It is understood you will not be filing a Auto Insurance claim.** Should you file such a claim at a later date, CIPS cannot and will not support your claim based on this signed declaration. Furthermore, you are financially responsible to CIPS for all charges unless otherwise specified by a contractual agreement with your insurance carrier.

I, \_\_\_\_\_ hereby declare that my injury is not auto related and I authorize CIPS to submit a claim and complete information to my insurance carrier for covered services rendered by my physician. I authorize my insurance carrier to issue payments directly to CIPS for all payable services. I understand that I am financially responsible to CIPS for all charges unless otherwise specified by a contractual agreement with my insurance carrier, or otherwise prohibited by applicable Colorado Law.

**If I am not covered by a health insurance policy, I understand that all payments will be due at the time of service.**

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_



### **PATIENT BILL OF RIGHTS**

- *To expect to be treated with respect, consideration, dignity and provided appropriate privacy.*
- The patient has the right to be free from all forms of abuse and harassment
- To be assured confidential treatment of disclosure of records and afforded the opportunity to approve or refuse the release of such information, except as otherwise permitted by law of third Party Payment contract and when law requires release.
- To know the name and function of any person providing health care services to the patient.
- To know names and professional relationships of other physicians who may care for him in the absence of his attending physician.
- To be provided, to the degree known, information concerning their diagnosis, treatment, and prognosis. When it is not medically advisable to give such information to the patient, the information will be made available to an appropriate person in his behalf.
- To have the opportunity to participate in decisions involving their health care.
- To request a second opinion.
- To expect reasonable response to any reasonable requests he may make for service.
- To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such action.
- To expect communication in the language which they understand.
- To expect treatment without regard to race, color, creed, religion, sex, national origin or source of payment, except for fiscal capability thereof.
- To know services available, such as provisions for after hours or emergency care, educational material available, and policies concerning Payment of fees.
- To examine and receive an explanation of his bill, regardless of the source of payment.
- To expect reasonable continuity of care and how to know in advance the time and location of appointments.
- To designate any area of where he is cared for or treated as non-smoking area.
- To leave the Center even against the advice of his physician.
- To have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- To be informed prior to procedure, that Colorado Injury and Pain Specialists and Redlands Mesa Surgery Center are "Physician Owned" facilities.
- Will be aware that advanced directives will not be honored during elective surgery or procedures.
- The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.
- Patients will have the right to file a grievance with the management of Colorado Injury and Pain Specialists or Redlands Mesa Surgical Center and can expect to have a response within 2 weeks as to resolution of grievance reported.
- Medicare patients have the right to file a written report to the QIO (Quality Improvement Organization) about the quality of care they are receiving or have received from the Ambulatory Surgical Center (West Central Surgical Center). They can file the written report at *CMS at Centers for Medicare & Medicaid Services, Dept of Human Services, Attention: CMS-3225-P, PO BOX 8010, Baltimore, MD 21244-8010.*

For Complaints call the Colorado Department of Health at 1-800-342-0553.TDDline for hearing impairment.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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

**PATIENT RESPONSIBILITY STATEMENT**

1. To provide the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his health. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
2. To participate in health care decisions and for following the treatment plan outlined by the practitioner responsible for his/her care. This includes following instructions of the physicians, nurses and other health care personnel carrying out the plan of care and enforcing the Center's rules and regulations.
3. For assuring that the financial obligations of his health care are fulfilled as promptly as possible, and in the case of financial difficulty, making all reasonable efforts to meet any agreed upon financial payment plan. Accept personal financial responsibility for any charges not covered by his/her insurance.
4. For his actions if he/she refuses treatment or is non-compliant in following a plan of treatment recommended by his/her physician. Patient is informed of their right to change their provider if other qualified providers are available.
5. To know the rules and regulations of the Center affecting his care and conduct, and for following those Center's rules and regulations.
6. To provide a responsible adult to transport patient home after procedure. Also, to remain with patient for 24 hours, if deemed necessary by the patient's physician.
7. For being considerate of the rights of other patients and Center personnel, and for assisting in the control of noise and smoking.
8. For being respectful of the property of other persons and the Center.
9. To make known to his/her physician, attending nurse, or other health care personnel, any concerns or complaints he may have.
10. To make sure he/she understands all information regarding the implications of his/her symptoms, his/her surgery or procedure (if applicable) and any risks related to having or declining such surgery or procedure, the expected outcomes of the plan of care outlined by medical staff/her, and his responsibilities in regards to that plan of care.
11. The patient has the right to be free from all forms of abuse or harassment

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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

**COLORADO INJURY AND PAIN SPECIALISTS**  
**REDLANDS MESA SURGERY CENTER**  
**201 WEST PARK DR. GRAND JUNCTION, CO 81505**  
PHONE: 970.242.0162  
FAX: 970.242.1097

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