

# INTEGRITY PAIN MANAGEMENT

Kerry C. Latch, M.D. / Christian Samuelson, M.D.

We thank you for choosing our office for your medical care. In order to better serve you we kindly ask that you review our office policies. Our professional relationship will be enhanced by your clear understanding of our office policies. Thank you for your review and acceptance of these policies.

\_\_\_\_\_ **PAYMENT FOR SERVICE:** All applicable fees such as: deductible, co-insurance and co-pays must be paid at the time services are rendered. Our office accepts cash , checks, debit and MasterCard or Visa. Payments returned to our office for insufficient funds, closure of account and/or credit card contestment will result in an assessment of \$35. **Each office visit and procedure accrues it own fees.**

\_\_\_\_\_ **HMO/REFERRALS:** If your insurance policy requires a written authorization/referral from our office, you must notify us in advance to ensure that the authorization/referral is received prior to your visit with the specialist.

\_\_\_\_\_ **INSURANCE VERIFICATION:** As the policy holder, it is your responsibility to call your insurance and verify that Kerry C. Latch, MD, Christian Samuelson, M.D. are participating providers with your insurance. Our office makes every attempt to obtain current benefit information from your insurance carrier at your initial appointment; **however as the insured member, you are ultimately responsible for understanding your benefits structure.** At the time of your initial visit and each year, our office will request a copy of your current medical card and updated patient information form. Please notify our office immediately of any changes to your medical insurance policy so that we may take the necessary steps to assist you in obtaining your maximum level of benefits.

\_\_\_\_\_ **MEDICATION REFILL:** When requesting a prescription refill, please contract your pharmacy first and they will contact us with the required information. Refills are handled by the end of the clinic day and your request for such may be delayed due to your insurance, holidays or weekends. Please plan appropriate advance notice of your refill requests. Prescriptions for narcotic medications will not be filled after clinic hours, weekends and/or holidays.

\_\_\_\_\_ **URINE DRUG SCREENING:** The best treatment plan often includes urine screening, an essential tool that enables us to manage your pain and reduce medication cross-reactions. We do these randomly as needed for care. All results are fully confidential.

\_\_\_\_\_ **CANCELLATIONS:** If you must cancel or reschedule your appointment, please notify our office at least 24 hours in advance. You may call after hours and leave a message on the receptionist voicemail box. **Cancellations or no shows within 24 hours of the scheduled appointment time will result in a \$50 cancellation fee.** Your insurance will not cover this charge. All fees must be paid in full prior to or on the day of your next appointment. This allows us adequate time for other patients to be assisted.

\_\_\_\_\_ **FORMS:** Our office charges for letters and forms which need to be filled out and signed. The minimum charge will be \$50 per form/letter. There is a \$25 charge for patients who want copies of their medical records.

\_\_\_\_\_ **NOTE TO PATIENT:** Please understand that the insurance carriers/attorneys do not guarantee any payments for services rendered. Payment is not made until the claim is reviewed and accepted; therefore, you will be responsible for the total balance if no payment is made by your insurance/attorney. Any and all payments received from your insurance/ attorney will be credited to your account.

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

\_\_\_\_\_  
Date