

# **VIRGINIA INTERVENTIONAL PAIN & SPINE CENTER**

#### **Dear Patient:**

Thank you for choosing Virginia Interventional Pain & Spine Center (VIPSC) for your pain management needs. Please read, complete and return the enclosed forms in the self addressed envelope provided before your scheduled appointment so that we may start your registration process prior to your arrival. If these are not completed prior to your scheduled appointment time, your appointment may be scheduled and you may be charged a no show fee. If you need assistance with your paperwork, please arrive at least 1 hour prior to your scheduled time so that we may assist you.

Here at VIPSC, we treat all our patients as "VIPs" in that we strive to provide high quality, expeditious care to not only diagnose the source of your pain but effectively treat it as well. For those in chronic pain, our goal will be to decrease your pain by at least %50. For those with acute pain, we will work to quickly diagnose and effectively eliminate your pain. By working together, our main objective at VIPSC is to increase your functional level so that your pain stays at a manageable level for a longer period of time.

We offer a variety of advanced interventional therapies targeted at eliminating or controlling your pain. By addressing your pain at the root cause, you will find less reliance on medication therapies. As consuming medications over a long period of time can greatly affect you both physically and mentally, we at VIPSC will focus on non-medication based therapies that will lead to better pain relief getting you back to living the life you and your loved ones deserve and need.

If you have any questions regarding your appointment, please call (0090-777 (540. Please arrive at our clinic at least 30 minutes prior to your scheduled appointment time. Patients who have an insurance policy that requires authorization/referral from your Primary Care Physician (PCP) must have this referral completed and received by our office prior to their appointment to avoid having the appointment rescheduled.

Please arrange to have your medical records and diagnostic studies (x-rays, MRIs, CT scans) sent to our office prior to your appointment unless they were done at a Carilion facility. If so, we will have access to your records and will not need to bring them to your appointment. You must also bring with you any medication(s) that you are currently taking so that our clinical staff can accurately document these medicines in your patient record. If you are unable to come to your scheduled appointment, please contact our office at least 48 hours in advance and cancel. A fee of 50\$ will be charged for any missed follow up appointments and 75\$ for missed new patient and procedure appointments.

We hope that you are truly excited in taking your first steps towards decreasing your pain and feeling better. We look forward to seeing you and hope to be able to offer a treatment therapy that will get you back to living your life in less pain.

Sincerely, Chheany Ung, MD



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#### PRESCRIPTIONS AND REFILLS

Prescriptions will be filled 8 a.m. – 4 p.m. Monday – Thursday and 8 a.m. – noon on Friday when your chart can be reviewed. Please have your pharmacist call our office for your medication refills. The physician on call is not available to provide prescriptions for you after these hours.

## **IN CASE OF EMERGENCY**

For emergencies during office hours, please call (0090-777 (540. If you have an emergency after regular office hours, contact the Carilion Switchboard at (7000-981 (540 and request to have Dr. Ung paged.

### **PAYMENT POLICY**

All co-pays are due at the time of your visit. Please check with your insurance company prior to your appointment if you have any questions about your co-pay. Insurance coverage will be verified prior to your visit. Please bring your current insurance card(s) with you when you arrive for your appointment.

### **RELEASE OF MEDICAL RECORDS**

A signed authorization is required for the release of any medical records or information from the patient chart. All requests must be written and include the date of the request, the patient's name, signature, current address, date of birth, social security number and should be addressed to their treating physician. Blank authorization forms are enclosed and can be mailed or faxed. Patients requesting records are encouraged to use these forms to ensure all necessary information is provided and to decrease delays in processing the request. To protect patient confidentiality, we do not release medical information by telephone to anyone other than the patient, except as allowed by law. There is no charge for records provided directly by our office to another physician or health care facility for the purpose of continuing patient care.

A charge is made for copies of medical records mailed to the patient. The cost to provide records is 10.00\$ plus \$.50 per page for pages 50 - 1 and \$.25 per page for pages +51. Charges for records provided to any other party authorized by the patient, will vary according to the prevailing state regulations.

You will be contacted when the copies are available. We do not fax patient records.

## **COMPLETION OF FORMS**

At this time we do not fill out any patient forms including credit disability forms (i.e., car, mortgage, credit cards, and personal loans), disability information for carriers or employers, FMLA, liability, VEC and other forms of this type.