

### Virginia Interventional Pain and Spine Center Policies for Pain Management

Thank you for choosing Virginia Interventional Pain and Spine Center for your care. The following guidelines explain our treatment policy. Please read carefully and sign below to indicate you understand our treatment guidelines.

- Opioids will not be prescribed at your first clinic visit. No exceptions.
- No prescription refills will be given for missed appointments
- By accepting an appointment with our clinic, you give permission, for VIPSC to request all pharmacy records from the pharmacy and state database as deemed necessary including the Virginia Pharmacy Monitor Program (PMP).
- Scheduled appointments must be canceled 48 hours in advance to avoid a \$50 No Show Fee for follow ups and \$100 No Show Fee for new patients, procedure, follow up appointments with Dr. Ung, late cancellations and late arrival.
- We require payment in full for items such as copies of your medical records.
- For Work Related Accounts: Prior to your visit, your employer or their worker's compensation insurance company must call the office to establish your injury or occupational disease as a recognized work-related problem. Prior to your visit, if your medical services need to be filed with a third part liability policy this information is required to be provided to our office by someone with the ability to confirm the policy coverage. Without this confirmation, your account will be handled as a Personal Account with current terms.
- In the event your account will be paid as part of a settlement, you agree that we are to be paid from the first proceeds of the settlement.
- Please bring all medications you are currently taking in the original bottle dispensed by your pharmacy.
- Please bring all diagnostic films with you to your appointment, including both written results and hard copies if possible.

#### Your appointment will be rescheduled if:

- You do not bring your completed Patient Medical History Form to your first appointment.
- You do not have a current photo ID. This may be a current driver's license or photo ID provided by the DMV.
- If you arrive after your scheduled appointment time.

*My signature below represents that I have read and understand the treatment guidelines of Virginia Interventional Pain and Spine Center, I also agree to make available all information required and necessary for the clinic to file insurance claims on my behalf.*

Patient Name Printed \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Parent/Legal Guardian Signature \_\_\_\_\_