

*Anesthesiology of Jupiter d/b/a Jupiter Pain Management
A Division of Sheridan Healthcare*

PATIENT FINANCIAL & OFFICE POLICIES

We are dedicated to providing you with the best possible care and service. We regard your understanding of our financial policies as an essential element of your care and treatment. We are more than willing to provide care within the guidelines of your insurance plan. It is however, your responsibility to know and understand those guidelines.

OFFICE HOURS

The office is open Monday – Thursday from 8:00 a.m. – 4:30 p.m.
Friday from 8:00 a.m. – 4:00 pm.

Telephones are answered between 9 a.m. to 12 p.m. then from 1 pm to 4:00 p.m. Monday – Thursday
Friday from 8:00 a.m. to 12:00 pm

PRESCRIPTIONS FOR NARCOTICS

Patients who receive Narcotic Medications are required to have a signed Controlled Substance Agreement in their Medical Record. Prescriptions for narcotics will not be released without completing this agreement.

Do not allow yourself to run out of medication.

Your medication is your responsibility. Please do not call us and say that you are out of medication and need a prescription today, we will not be able to assist you as your physician may not be in the office or available.

IF YOU ARE REQUESTING A REFILL TO BE CALLED TO YOUR PHARMACY ON ALLOWABLE MEDICATIONS, WE REQUIRE **72 HOURS NOTICE** TO PROCESS YOUR REQUEST.

There will be no Class II Narcotic medications called in to any pharmacy at any time. This is a Florida State law and a law regulated by the DEA (Drug Enforcement Administration). The following medications are examples of medications that we are not permitted to call into a pharmacy: Duragesic Patches, Avinza, Kadian, OxyContin, Percocet, Dilaudid, Oramorph, OxyIR, Methadone, Roxicodone, Hydrocodone, Oxycodone, MSIR, Actiq, Hydromorphone. There are other medications that fall into this category but they are too numerous to list here.

If your medication needs to be returned to our office and disposed of, you will be charged a \$10 medication disposal fee that is due before another prescription will be written and/or dispensed. _____ (initial)

HEALTH INSURANCE

You must be prepared to provide your health insurance card at every visit. **ALL HEALTH INSURANCE DEDUCTIBLES AND CO-PAYMENTS ARE DUE AT THE TIME SERVICES ARE RENDERED.** This office files primary health insurance for those which we participate. If you have a secondary health insurance payor, we will also file a medical claim to them as well. It is your responsibility for knowing your policy information such as co-payments, co-insurances and deductibles. We will not become involved in disputes between you and your health insurance carrier. In the event your health plan determines any service to be ‘not covered,’ you will be responsible for the complete charge. Payment is due at the time of service.

AUTO INSURANCE

We will file a claim to your auto insurance carrier if Personal Injury Protection (PIP) Benefits are still available. **We will not file PIP to any third parties.** You will be responsible for the 20% co-insurance on your PIP insurance at the time of service, unless you provide us with health insurance, which will be filed as a secondary payor or a Letter of Protection signed by both you and your representing attorney. _____ (initial)

LETTER OF PROTECTION

If you do not have health insurance or PIP insurance and are seeking care with our office under legal representation, **before your first visit**, it is your responsibility to make sure that we have a signed Letter of Protection from your Attorney. You will need to make sure that your Legal Counsel sends us this letter unless other arrangements have been made. You have a responsibility to contact that office and inform them that you are seeking medical care from this practice. Once your legal case has settled, your Legal Counsel will hold funds from your settlement and send to us in an effort to resolve any unpaid balances. _____(initial)

MISSED APPOINTMENTS

WE REQUIRE 24 HOUR NOTICE FOR ALL CANCELLATIONS. Our policy is to charge \$35.00 for those who miss their appointment's and/or no-show for their appointment. Please help us serve all our patients better by keeping your scheduled appointments.

APPOINTMENTS

We do not see any walk-in patients, EVERYONE IS REQUIRED TO HAVE AN APPOINTMENT.

This office will call the two days ahead of time to confirm your scheduled appointment. If you provide us with a cell phone number we can send a reminder text to you the day before your appointment. Please remember that this is a courtesy and is not required, however, if you are scheduled and you do not get a phone call two days ahead of time, please call us to confirm. It is your responsibility to be here on time for your appointments. If you are more than 15 minutes late to your scheduled appointment we may ask that you re-schedule for another date and time.

Please arrive 20 minutes before your scheduled appointment. We ask that you valet park. When you enter at the main entrance of Jupiter Medical Center please inform the volunteer or security that you have an Office Visit with Pain Management. Please proceed to the elevators and go to the 2nd Floor. Exit and our Pain Management Registration desks will be directly in front on you.

PERSONAL INFORMATION

It is imperative that our office be provided with current information on you. We must be able to contact you. Please keep us updated of new addresses, phone numbers, place of business and insurance information. We will require you to fill out an updated patient information sheet on an annul basis or anytime there are changes to your personal information.

DISABILITY, DRIVING & OTHER FORMS

If you have a disability, financial or similar forms that needs to be completed by our office, please remember that we need at least 7 – 10 days for processing these forms.

MEDICAL RECORD REQUESTS

All medical record requests require a signed written release of information present in the patient chart. If a release is not signed the patient will be required to sign a release before processing begins. A copy of our release can be mailed or faxed. All requests for records will be processed within 15 business days. A processing fee of \$1.00 for the first page and \$.50 per page thereafter, plus any applicable postage will apply (pursuant to Florida Statute, Chapter 395). Payment is due prior to the release of records.

Signature of Patient or Legal Representative: _____ Date: _____

