VALLEY PAIN SPECIALISTS, PC

Steven Mortazavi, M.D.

4250 Fritch Drive
Bethlehem, PA 18020
Telephone: (610) 954-9040
Fax: (610) 954-9093

VPS OFFICE POLICIES

Office Policies and Disclosures

Dear Patient,

Welcome to Valley Pain Specialists, P.C. We would like to briefly state our office policies to you.

1. Insurance Polices

You are required to present your health insurance card at every appointment. Although it is our policy to verify your benefits, please understand that you are responsible for any services not covered by your insurance. We accept Cash, Checks, MasterCard, Discover Card, and Visa. Please be aware we do not accept checks over $100, if your payment exceeds this amount please have two methods of payment. If your health insurance requires a referral, this is your responsibility to obtain from your primary care physician. If you do not have a referral or your insurance cards, you have the option of paying in full for your visit or rescheduling your appointment. Co-payments, deductibles, and co-insurance are due at time of service.

2. Worker's Compensation or Automobile Accident Claim

If you have a worker's compensation or automobile accident claim that we are submitting bills to, we require you present your health insurance card also if the worker's compensation or automobile claim closes or exhausts throughout your treatment time with Valley Pain Specialists, we will bill your private health insurance. If you do not present your insurance to us, or if you have no other health insurance coverage, the bill becomes your full responsibility. We do not accept claims in litigation.

3. Returned Checks

There is a charge of $25.00 for any returned check, plus the amount of the check. If your bank returns one of your checks, you will not be able to make any future payments with a check. You will need to pay by cash or credit card. We do not accept credit card payments under $10.00

4. Forms

We receive a large number of requests for forms to be completed. We charge a reasonable administration fee for this service. The sum must be paid in advance. Please note that there is a minimum of three business days required to complete any form.

5. Wait Times

Please note that on occasion you may experience an extended wait time due to circumstances beyond our control. Each patient on the schedule will be seen and given ample time with the provider. If the

wait times become an inconvenience, please let us know so that we may reschedule your appointment.

6. Exam Rooms

Please limit the amount of people you bring with you for your appointment. We have limited space in the waiting area and exam rooms. If you need to bring your children, please make sure they are accompanied by another adult at all times. Children will not be allowed in the exam rooms.

7. Missed Appointments or "No Show" Appointments

We ask that you call if you cannot make your appointment. Valley Pain Specialists does not tolerate consecutive cancellations or no-shows. If you do not call at least 24-hours in advance a $25.00 fee will be assessed to your account. If you fail to no-show for 3 appointments we reserve the right to refuse scheduling or rescheduling any appointments for you to be seen again. A no-show is defined as not showing for an appointment, arriving 15 minutes late or more, and cancelling an appointment less than 24 hours before the scheduled time.

8. Procedures

Valley Pain Specialists and Valley Surgical Center may occupy the same building, but are completely separate businesses. Procedures performed in the surgery center are not performed "in the doctor's office". If you have a procedure done, services will be provided to you by Valley Surgical Center and Valley Pain Specialists. Bills will be generated for both companies for services rendered.

9. Prescription Refills

If you need a prescription refill you must call three days (72 hours) in advance and leave a message on our prescription hotline. We will notify you when the prescription is ready for pick up. We do not mail prescriptions. Narcotic prescriptions can only be given to either the patient or someone listed on the patients consent sheet. If someone listed on the patients consent sheet picks up a prescription, they will be asked to provide photo ID. There will be no medication changes made over the phone. Prescription refills will not be given while at Valley Surgical Center. You MUST call the refill line.

10. Advance Directive

I realize that Valley Pain Specialists cannot honor my DNR or Advance Directives (Living Will) if I do not provide these documents.

I have read and fully understand the Notice of Office Practices supplied by Valley Pain Specialists and I understand and agree to the policies as stated above.
By signing below I am also giving my consent for Valley Pain Specialists to take my photo. This photo will be used solely for identification purposes.

CONTROLLED SUBSTANCE AGREEMENT

This agreement relates to my use of controlled substances for chronic pain prescribed by a provider at Valley Pain Specialists, P.C. I have been informed and understand the policies regarding the use of controlled substances that are followed by the staff at Valley Pain Specialists. I understand that I will be provided controlled substances while actively participating in this program only if I adhere to the following conditions:
1.) I will use the substances only as directed by Valley Pain Specialists.

2.) I will not receive replacement medications that I have lost or have been stolen.
a) I understand that I am responsible for the medication and prescriptions used in my treatment. I must be discreet about my possession of narcotics and I will keep my medications and prescriptions in inaccessible places so that they are not lost or stolen.
3.) I will receive controlled substances only from Valley Pain Specialists staff.
4.) I will not expect to receive additional medications prior to the time of my next scheduled refill, even if my prescription runs out.
a.) Running out of medications prior to your next scheduled refill may result in discharge.
5.) If it appears to the physician that there are is no clear benefits to your daily function or quality of life from the controlled substance, the provider will gradually taper my medication as directed by the prescribing physician.
6.) I agree to submit to urine and blood screens to detect the use of non-prescribed medications (including "street" drugs) at any time. I realize there may be some cost to me for this test if I have no insurance, or if my insurance does not cover the test in full.
7.) I recognize that my chronic pain represents a complex problem, which may benefit from interventional treatments, physical therapy, psychotherapy and behavioral medicine strategies. I also recognize that my active participation in the management of my pain is extremely important. I agree to actively participate in all aspects of the Pain Management Program to maximize function and improve coping with my condition.
8.) I agree to schedule and keep scheduled follow-up appointments with my Valley Pain Specialists provider at the recommended intervals. I understand that failure to do so may lead to discontinuation of treatment and/or discharge from the practice.
9.) I am responsible for keeping track of the amount of medication I have left and to plan ahead for arranging the refill of my prescriptions in a timely manner so I will not run out. I realize that this may affect travel plans, etc...
10.) I agree to use one pharmacy for filling all my prescriptions except in case of emergency.
11.) If the violation involves obtaining controlled substances or any prescription for my pain condition from another individual, or if I engage in any illegal activity such as altering a prescription, I understand that the incident may be reported to my Valley Pain Specialists provider, to other physicians caring for me, local medical facilities, pharmacies, and other authorities suchas the local police department, DEA, etc. as deemed appropriate for the situation.
12.) I agree not to seek pain medication after office hours, on the weekend, or on holidays.
13.) I understand that attempting to obtain pain medication after office hours, on the weekend, on holidays, or from other physicians may result in discontinuing pain medications and/or discharge from the Practice.
14.) I understand that I have been given informed consent about the risks of opioid addiction and readdiction. I realize that I must take my pain medications exactly as prescribed and that not doing so may result in overdose or death. I also understand that taking legal or illegal drugs with my pain medications without my doctors knowledge may result in overdose or death.
15.) If I violate any of the above conditions, my obtaining prescriptions and/or treatment at Valley Pain Specialists, PC may be terminated.
MEDICATION REFILL INFORMATION:
a.) Refill requests should not be made prior to (72) hours before you are due for a refill.

b.) Requests for scheduled refills must be telephoned to our prescription refill line (610)-954-9040. Refills will not be made at night, on holidays or weekends or at Valley Surgical Center.
c.) Most controlled substances cannot be telephoned into a pharmacy. You must make arrangements to pick up your prescriptions during regular business hours. Prescriptions will not be mailed.
d.) Prescriptions refills will not be able to be picked up more than 48 hours before your scheduled due date.

16.) By signing this agreement and receiving controlled substances from our office I am attesting that the following was discussed with me:

-- mental health conditions which could increase risk of abuse, overdose and/or death

-- any history of substance abuse which could lead to increase risk of abuse, overdose and/or death

-- the level of risk for opioid abuse which you may incur as a result of being prescribed opioid and/or controlled medications

-- the risks of abuse,overdose, and/or death and how concomittant use of muscle relaxers and/or benzodiazepines may increase the risk of abuse, overdose and/or death

-- a plan to taper any or all of controlled medications prescribed if you exhibit any side effects show any signs/symptoms of abuse. You also agree to taper or discontine use of controlled substances if a clear benefit (improved function, reduction in pain, improvement in quality of life) is not demonstrated

THIS AGREEMENT WILL SUPERSEDE ALL OTHER AGREEMENTS!
BY SIGNING BELOW, I INDICATE THAT I UNDERSTAND AND AGREE TO ALL THE TERMS OF THE AGREEMENT. I RESERVE THE RIGHT TO REQUEST A COPY OF THIS AGREEMENT.

_____
Signature date

_____
Print name

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

This acknowledgement of notice and consent authorizes Valley Surgical Center/Valley Pain Specialists to use and disclose health information about you for treatment, payment, and healthcare operations purposes.

Notice of Privacy Practices: Valley Surgical Center/Valley Pain Specialists has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

Amendments: We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer

VALLEY SURGICAL CENTER, INC.
VALLEY PAIN SPECIALISTS
4250 Fritch Drive
Bethlehem, PA 18020

Acknowledgement and Consent

I have received the Notice of Privacy Practices for Valley Surgical Center/Valley Pain Specialists and authorize them to use and disclose health information about my treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

_____

Patient Signature Date

_____

Print name