



Office Policies and Procedures

Appointments, Cancellations, and “No-Shows”

Please try to arrive a few minutes early for your appointment to allow time for sign-in. We understand that unexpected circumstances occur. However, patients who arrive more than 15 minutes late for their appointment are subject to being rescheduled. If you must cancel your appointment for any reason we must be notified 24 hours in advance. This allows for our patients on the waiting list to get the care they deserve. Appointment slots are very important. If we are not given proper notice you will be subject to a \$50 fee at your next appointment. If your appointment was missed due to an emergency please provide those records in order to waive the “no-show” fee.

Early Appointment Requests and Zoc Doc Appointments

We do our best to accommodate patients needing earlier appointments than allowed. In this instance we will approve only on a case by case basis and request remaining medication be brought in to your appointment to confirm opioid compliance. If you are leaving town we will require flight itinerary for an early refill which will be allowed only once. We ask that our reoccurring patients do not schedule their appointment on Zoc Doc. We understand this is much easier for some patients to do from a click of the button however, medications may not be filled before the allotted time they were written for. If you prefer to schedule your appointment through the internet please send us message through your patient portal account so we may ensure it is in fact time for a refill of medication. Otherwise we would love to hear your voice through our office telephone number!

Opioid Compliance

As a pain management specialist controlled substances may be commonly prescribed. In the instance you have received a controlled substance prescription, please understand we monitor compliance very closely. We do not write for more than thirty days of medication at a time and in turn, will not fill these prescriptions early. **We do not view running out of medication to be an emergency.** You are responsible for taking your medication in the manner in which it was prescribed. If you run out of medication before your next appointment, you may not be issued more medication, unless at the discretion of the physician or physician assistant. No refills or medication changes will be given after hours, on weekends or holidays. Narcotics will not be refilled unless you are seen in the office monthly and comply with the pain management therapy program. Please remember that **it is your responsibility** to monitor you medication usage and to plan for your follow-up visit if you need a refill. We suggest you do not wait until you are out of medication to call and check on your appointment slot or make an appointment. We do also collect urine samples on a random basis. Once you have checked in you will not be able to leave the premises without this collection. Please refer to our opioid contract given when we established a new patient relationship for all rules and regulations. **You may be subject to discharge if you do not comply. Please request a copy if you need reference**

Telephone Communication

We are happy to address your questions or concerns via telephone whenever possible. However, treating you by phone without a proper face-to-face evaluation has many potential pitfalls and will be avoided. **Clearly, your health deserves better treatment.** Please do not ask us to call in medications without an office visit. In addition, most providers are advised not to give "complex information" or discuss "emotionally charged issues" via telephone. For those issues that can be resolved via telephone however, we strive to address them by the conclusion of each business day. However, unexpected circumstances do occasionally occur so please allow one business day for answers to telephone inquiries.

FMLA/Disability Form Requests

We may fill out FMLA on a **case by case basis**. There is a fee associated with this of \$100. However, we do not fill out disability form requests. In the event that you do require disability, you will need to have these forms completed by your primary care physician or appropriate surgeon whom you would be referred to.

Billing/Financial Hardships

We make every effort to explain all insurance plan benefits at the time of establishing a doctor-patient relationship. However, **it is your responsibility** to understand your insurance benefits and costs you may be responsible for. Payment is due at the time of service. Please see our front desk for any additional insurance questions you may have.

I have read and understand the Office Policies and Procedures provided by Crescent Pain Relief and have also received a copy for my own records. I hereby authorize CPR to prescribe and provide treatment under the circumstances given.

Signature of Patient or Legal Guardian: _____

Patient Name: _____