

ARUL DORAISWAMY, MD, APC
Hemet Pain & Wellness Institute

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OFFICE POLICIES

WELCOME TO THE PAIN CLINIC!

APPOINTMENTS

We generally require a written referral from your current physician prior to scheduling initial consultations. If you arrive late to your scheduled appointment, you may need to be rescheduled. If you need to cancel or reschedule your appointment, 24 hour notice is required. Because missed appointments waste medical resources and decrease clinic access to other patients who suffer from pain, a \$50 charge will be billed to patients for each missed appointment. Continuing to cancel or “no-show” to appointments will likely result in your discharge from our clinic.

BILLING/INSURANCE

If you do not have insurance that our practice accepts, the charge for initial consultation is \$250, and each follow-up visit is \$100. Office procedure charges vary, depending on the procedure complexity. Full payment is due at the time of service, unless you have insurance for which Dr. Doraiswamy is a participating provider (in which case, your insurance will be billed for services provided). Co-pays and deductibles are due at the time of service. If you have HMO insurance, prior authorization is needed from your insurance company prior to scheduling any appointment or procedure. You are ultimately responsible for paying all charges not covered by your insurance company.

PAPERWORK

We will do our best to fill-out disability forms and other paperwork for you, so long as Dr. Doraiswamy feels this is appropriate. However, paperwork takes time and resources to complete, so we will need to charge \$25 per page. More involved paperwork that involves disability assessments, physical exams, etc. will incur a higher charge, as they are more labor intensive.

MEDICAL RECORDS

Copies of your medical records can be faxed to other physicians upon receipt of your written request. We would be happy to provide you with a copy of your medical records as well, or send hard copies to other physicians, but there will be a charge of \$25 for copying and labor expense. Please provide us with at least 7 days to prepare the copies of your medical records.

CLINIC PAIN MEDICATION POLICY

You should take your pain medications only as prescribed, and you should not share them with anyone else. If you develop sedation or other side effects from your pain medications, stop taking them and contact our office. Absolutely do not drive under the influence of opiate (narcotic) or other potentially sedating medications. Any illegal activity involving pain medications will be reported to the police. Pain medications will only be refilled Monday - Thursday, and on Fridays by appointment only. Patients should contact their pharmacy at least 2 days prior to running-out of their medications, as the prescribing provider may not be immediately available to refill the prescription the day the request is made.

I have read these policies and agree to the above stipulations.

Patient name (please print): _____ Date of birth: _____

Patient Signature

Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of this practice’s Notice of Privacy Practices, and have had the opportunity to review it. I further acknowledge that a copy of the current notice will be posted in the reception area and is available on this practice's website, and that I will be offered a copy of any amended Notice of Privacy Practices at future office visits as any amendments are made.

Patient Signature

Date