

ARUL DORAISWAMY, MD, APC
Hemet Pain & Wellness Institute

1264 East Latham Ave, Hemet CA 92543
28975 Old Town Front Street Suite #200, Temecula CA 92590
Phone (951) 925-3600 • Fax (888) 491-6419

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

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ADDENDUM TO OFFICE POLICIES (effective January 10, 2017)

MISSED APPOINTMENT FEES AND RESCHEDULING

We strive to provide excellent patient care. Unfortunately, our practice has had too many missed appointments, which wastes medical resources and decreases clinic access for other patients who suffer from pain. We understand unforeseen emergencies happen, but **if you cancel or “no-show” to your appointment without at least 24 hours notice, you will need to pay a \$50 fee before you can be rescheduled.** Continuing to cancel or "no-show" to your appointment will likely result in discharge from our practice. **If you show-up 15 minutes past your expected arrival time, you will be considered a “no show”,** and we will offer you our next available appointment, which unfortunately can be more than a week later.

CO-PAYS AND DEDUCTIBLES

Co-pays are due at the time of service. If you have an unmet deductible, we will need to collect \$50 prior to office visits and \$100 prior to procedures. These payments will be applied to your deductible.

PRESCRIPTION REFILLS

If you need a prescription refilled, please plan ahead. Due to the alarming increase in opioid abuse and overdose deaths in the United States, we have updated our pain medication policies. You should expect to need **a face-to-face appointment with one of our providers, prior to getting pain medication refills.**

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