



### PATIENT RESPONSIBILITIES

To better serve you and maintain a professional environment, Pinnacle Pain Medicine has established guidelines to outline patient responsibilities. The guidelines have been established so that our patients can fully benefit from treatment received in our clinic. Your responsibilities as a patient of our clinic are as follows:

1. Please arrive at least 15 minutes (30 minutes on your first visit) prior to your appointment time for clinic appointments in order to take care of any insurance issues or required paperwork. If you are 15 minutes or more late for your appointment time and/or your initial paperwork is not complete by your appointment time, your appointment will be rescheduled.
2. We require at least 24 hours notice for cancellations/rescheduling of appointments. A missed clinic appointment or appointment for a scheduled procedure without calling to reschedule will be considered a "no show" for the appointment. "No shows" will be charged \$25.00 for missed clinic appointments or \$100 for a missed scheduled procedure. Patients who consistently fail to show up for their scheduled appointments without providing 24 hour advanced notice can be terminated from the program.
3. Prescriptions will only be filled during office hours by appointment only. No prescriptions will be filled after hours, on weekends, or holidays.
4. State law requires compliance and close monitoring for narcotic medications. If these are prescribed for you, you will be asked to sign a *Patient Responsibility Agreement for Controlled Substance Prescriptions*.
5. Payment is due at the time services are rendered to the patient. Failure to settle past due balances, pay at the time of service, etc., can result in the patient's termination from the treatment program.

Noncompliance with these guidelines will result in discharge from treatment at Pinnacle Pain Medicine. Your signature below constitutes acknowledgement and acceptance of the terms of these guidelines.

A handwritten signature in black ink, appearing to read "Robert P. V.", written over a horizontal line.

Patient Name

05/23/2013

Date

Signature of Patient/Legally Responsible Person

Signature of Witness