

PLEASE READ AND KEEP FOR FUTURE REFERENCE

Welcome to the office of Pain Specialist of the Greater Lehigh Valley. **PLEASE READ THIS LETTER CAREFULLY**, as there are specific instructions that must be followed. We strive to provide you with the highest quality care and a satisfactory experience; your cooperation with the issues listed below will assist us in this effort.

INITIAL APPOINTMENT

DATE: _____ TIME: _____

1. ON THE DAY OF YOUR APPOINTMENT, PLEASE REPORT TO:

**CETRONIA PAIN MANAGEMENT CENTER
LOCATED AT INTEGRATED HEALTH CAMPUS
240 CETRONIA ROAD
SUITE 120 SOUTH
ALLENTOWN, PA 18104**

DO NOT REPORT TO THE ADDRESS ON THE MAILING ENVELOPE; THIS IS THE PHYSICIAN'S BUSINESS OFFICE, NOT THE PAIN CENTER.

YOU MUST ARRIVE AT LEAST FIFTEEN MINUTES PRIOR TO YOUR APPOINTMENT TIME. If you have not completed the enclosed pain assessment form, please allow additional time.

2. YOU ARE RESPONSIBLE TO BRING THE ACTUAL FILMS (OR DISC) OF ANY MRI, CT SCAN OR X-RAYS YOU HAVE HAD RECENTLY.

3. **“CHRONIC PAIN SELF ASSESSMENT” FORM:** This form will need to be completed prior to your appointment. PLEASE take your time and complete the form to the best of your ability. It will provide your pain practitioner with valuable information regarding your condition.

4. PLEASE BRING A LIST OF ALL THE MEDICATIONS YOU ARE CURRENTLY TAKING, including over-the-counter medicines and vitamins.

5. PLEASE NOTE: IF YOU ARE ON A BLOOD THINNER MEDICATION it is extremely important to advise your practitioner. **NO TREATMENTS CAN BE PERFORMED WHILE TAKING THESE MEDICATIONS!** YOUR FIRST VISIT MAY BE A CONSULTATION ONLY (NO TREATMENT PERFORMED). The practitioner will discuss your treatment options during your visit. **NO REFILLS FOR NARCOTIC MEDICATIONS WILL BE GIVEN ON THE FIRST VISIT!**

6. If you are covered under a managed care plan, the proper referral and/or pre-certification must be obtained prior to your appointment. If needed referrals/authorizations are not obtained, your appointment WILL be rescheduled. Please check with your primary care physician (PCP).

7. FEES/CHARGES: PSGLV BILLS FOR ONLY THE PHYSICIAN'S PROFESSIONAL SERVICES. THERE WILL BE A FACILITY CHARGE IF YOU HAVE A TREATMENT (INJECTION) AT A SURGICENTER. The facility fee is not associated with the provider's charge and you must contact the facility directly if you have any questions.

You may need to obtain a separate referral and/or pre-certification for the SurgiCenter from your PCP. Again, please check with the facility regarding these issues.

FOR PSGLV BILLING QUESTIONS, PLEASE CALL (610) 402-9095

8. 48 BUSINESS HOUR NOTICE IS REQUIRED IF YOU ARE CANCELLING YOUR APPOINTMENT. YOU WILL BE CHARGED FOR AN OFFICE VISIT IF YOU DO NOT CALL TO CANCEL.

9. Contact your referring physician when you have completed your visits to us.

10. Under normal circumstances, the practitioner that provided your care on your initial visit will continue to provide services. At times, unforeseen circumstances create changes in their schedules. If this occurs, you will be seen by one of our other practitioners.

AGAIN, OUR OBJECTIVE IS TO PROVIDE YOU WITH QUALITY CARE AND COMPLETE SATISFACTION. IF YOU HAVE ANY QUESTIONS PRIOR TO YOUR APPOINTMENT, PLEASE CALL (484) 223-0025.

AFTER YOU HAVE SEEN OUR PRACTITIONER, AND YOU HAVE MEDICAL ISSUES OR NEED PRESCRIPTION REFILLS, PLEASE CALL (484) 223-0025.

THANK YOU!

FINANCIAL POLICY

It is our pleasure to be able to provide you with the best possible care. In order for our physicians and staff to meet your needs, we request your cooperation.

PATIENTS WITH INSURANCE COVERAGE: We will be glad to bill your insurance carrier as a courtesy to you. Portions of the bill may not be paid by the insurance company and are to be paid by the patient; such as a co-payment, coinsurance, deductible, or part of a fee not covered by your carrier's agreement. Patients with **MANAGED CARE** must provide a referral slip from your primary physician.

AUTO/WC: Current and complete information including the claim number, date of injury, and adjuster's name must be provided. In the event of a denial, health insurance information including pre-authorization/referral is necessary, if applicable, and should be obtained prior to your appointment.

If you are having treatment over a period of time, we appreciate payment during the course of the treatment. If you need to set up a payment schedule, please make arrangements with our business office (610) 402-9095.

Health insurance is a contract between the patient and an insurance carrier, which agrees to pay certain prescribed benefits for the patient when health care is administered. FEW plans pay 100% of the cost or for all services. Please check with your carrier. Fee schedules have been devised by carriers that may not coincide with actual charges.

CANCELLATION POLICY: 48 BUSINESS HOUR NOTICE IS REQUIRED TO AVOID BEING CHARGED FOR AN OFFICE VISIT

METHOD OF PAYMENT: We accept MasterCard, VISA, and Discover in addition to personal checks or cash. Returned checks are subject to the Bank processing charge. If your account is referred for collection, you will be responsible for collection costs of the outstanding balance, court costs and attorney's fees, if applicable.

Questions related to facility charges should be referred to Lehigh Valley Hospital, Good Samaritan Medical Center, The Center for Specialized Surgery, or The Integrated Health Campus.

PATIENTS ARE ULTIMATELY RESPONSIBLE TO PAY FOR ANY PROFESSIONAL SERVICES RENDERED BY PAIN SPECIALISTS OF GREATER LEHIGH VALLEY. PLEASE CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. PLEASE NOTIFY US OF ANY CHANGES IN THE INFORMATION GIVEN.

PRESCRIPTION POLICY

Prescription refill telephone calls make up a large portion of our daily incoming calls. To better serve our patients and expedite your calls, the following steps need to be taken.

Please leave your message on our voicemail system that is available 24 hours a day, 7 days a week. Our staff will review your refill request and you will be contacted within 24 HOURS. However, if your call is placed on Friday, after 2PM, Saturday or Sunday, you will be contacted on Monday afternoon.

You must call 7-10 days prior to your prescription running out to enable us to have adequate time to have it reviewed and approved by your physician.

For questions regarding your care and prescription refills, please call (484) 223-0025.

Please give the following information when you place your call:

- **PATIENT NAME AND DATE OF BIRTH**
- **TELEPHONE NUMBER WERE YOU CAN BE CONTACTED**
- **SPELL THE NAME OF THE MEDICATION**
- **NAME, LOCATION, AND PHONE NUMBER OF THE PHARMACY**

Thank you.