



Practice Policies

1. Appointment confirmation/ cancellation policy.

We will call 1-2 days prior to your appointment to remind you of the date and time. If we leave a message asking you to call, please be sure to call us at 904-389-1010 to confirm. If we do not hear from you within 24 hours of your appointment, we may make that time available to other patients and you may be asked to reschedule.

2. Controlled Substance Prescription Policy.

Prescriptions for medications will be given to you only during a scheduled visit. We cannot provide refills over the phone; instead we ask that you schedule a brief refill visit with us. See narcotic agreement for more information.

3. Clinical Questions

Always feel free to contact us with concerns or questions. You may speak with our receptionist about appointments or administrative matters, or our office manager about financial matters. Medical questions are directed to our nurse manager. Any question that requires the advice of a physician should be addressed in person with an appointment.

4. Disability Forms etc.

We usually charge a fee for time spent filling out special forms. The fee depends on the length and complexity of the form, and ranges from \$25-\$45. This fee is not submitted to insurance companies for payment and is paid by the patient when the form is submitted to us.

5. Medical records release & copying fee

We require a written release from the patient to authorize outbound transmittal of medical records by mail, courier, or facsimile. There is usually a charge associated with document preparation and copying; you may ask for an estimate.

6. Your initial evaluation visit

You should understand that this is a time for us to become acquainted with one another's philosophy for pain management. We may not agree with the treatment or prescriptions that you have received so far, and *we may or may not wish to continue certain prescription medications (including narcotics)*. If, after discussing your case with you, we decide that a certain injection would be appropriate, you should expect to return for the procedure.

I have read the above and understand Riverside Spine's practice policies.

Signed _____ Date _____