



Zhou Pain Management Center

1230 S Hurstbourne Pkwy Louisville KY 40222 Phone (502)425-3225 Fax (502)385-0880 www.zhoupaincenter.com

Patient Acknowledgement and Receipt of Notice of Privacy Practices Pursuant to HIPAA and Consent for Use of Health Information

Name _____
Print Patient's Name

Date _____

The undersigned does hereby acknowledge that he or she has received a copy of this office's Notice of Privacy Practices Pursuant To HIPAA and has been advised that a full copy of this office's HIPAA Compliance Manual is available upon request.

The undersign does hereby consent to the use of his or her health information in a manner consistent with the Notice of Privacy Practices Pursuant to HIPAA, the HIPAA Compliance Manual, State law and Federal Law.

Do we have your permission to leave information on your **Answering Machine** when you are not at home?

Yes _____ No _____

Dated this _____ day of _____, 20__

By _____
Patient's Signature

If patient is a minor or under a guardianship order as defined by State law:

By _____ Signature of Parent/Guardian (circle one)



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Medication Policy

I. REFILLS ON PRESCRIPTIONS

In order to ensure safe use of prescription medications, the policies on prescription refills will be STRICTLY followed:

1. Your pharmacy may call for prescription refills Monday through Thursday before 4:00 p.m. and Friday before 3:00 p.m. (excluding holidays). Refills WILL NOT be authorized at other times.
2. If your provider determines a refill is appropriate, your prescription will be refilled within 24 hours.
3. Calls regarding your medications (i.e., dosage, effects, adverse reactions, etc.) should be made during the above hours. Your provider WILL NOT prescribe pain medication after business hours or weekends.

II. GUIDELINES FOR SAFE MEDICATION USE

1. Never change the ordered dose of medication without checking with Zhou Pain Management Center provider or nurse.
2. Always advise Zhou Pain Management Center provider or nurse of any changes your primary physician makes in the way you are taking medications.
3. Never mix alcohol or other "recreational" drugs (i.e. marijuana, cocaine, etc.) with your prescribed medications.

III. EMERGENCIES

Routine calls should be made only during the above hours. However, should an emergency occur, you should use the following procedure:

1. During routine office hours, call Zhou Pain Management Center for instructions on how to handle the situation.
2. After office hours, call 502-425-3225 and state the nature of your problem to the operator. Zhou Pain Management Center provider on call will be notified and will return your call.
3. If you are unable to reach Zhou Pain Management Center staff for any reason and you feel the situation represents a LIFE-THREATENING emergency, call 911 or proceed immediately to the nearest hospital emergency room.

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS

Zhou Pain Management Center
Staff

Patient/Guardian

Date



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Consent for Insurance Claiming and Billing

Our professional staff is able to assist you in meeting the financial obligations with your medical care. By executing this agreement, you are agreeing to pay for all services that are received.

FILING INSURANCE: Insurance will be filed for all services provided. Please update us with your current insurance card. Co-pays are due prior to all services being rendered. Failure to keep the office informed of your current insurance status is considered fraud and will result in your discharge from the practice. We accept cash, check, and MasterCard and Visa. If your insurance company has special requirements such as Referrals or Pre-Authorization, it is solely the patient's responsibility to ensure these requirements are met.

MEDICARE: Charges for services rendered to Medicare patients will be filed with the carrier. Medicare patients are responsible for the 20% co-payment and any deductible amount not paid by the supplemental insurance.

WORKERS COMPENSATION: We require written approval/authorization from your carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.

MOTOR VEHICLE ACCIDENTS: If you were involved in a motor vehicle accident, please provide your auto insurance information. We will verify if you have available PIP coverage. If your claim is denied you will be responsible for payment in full. Our office does not bill third party auto insurances.

OTHER INSURANCE: Insurance will be filed for all services provided. It is important for the patient to provide the correct information for filing. Your insurance plans may apply deductible, thus there will be a balance due after insurance has paid. Any unpaid balance will be the responsibility of the patient.

STATEMENTS: Statements are mailed monthly to those patients with balances due and payment in full is due upon receipt.

PAST DUE ACCOUNT: If your account becomes past due we will take necessary steps to collect this debt. If it becomes necessary to employ a collection agency or attorney to enforce payment, you agree to pay the cost and fees for services including attorney's fees and the cost of court proceedings through the judgment and execution of judgment and appeal.

RETURNED CHECKS: In the event of an Insufficient Funds Check (NSF) a \$25.00 fee will be applied to your account. Our office will no longer accept payments in the form of checks and any unpaid balance due to the result of the NSF will need to be paid prior to your next appointment. Our intention is to manage the financial business of medical care in the spirit of understanding and cooperation. We hope this provides you with the basic information needed concerning our payment structure. If you have any further questions please feel free to contact our billing department at 502-425-3225. Please sign this letter verifying you have read and understand our financial policy.

I HAVE READ THIS LETTER AND UNDERSTAND THE FINANCIAL POLICY.

Signature: _____ Date: _____