OKLAHOMA PAIN CENTER

- **Assignment of Benefits**

As a courtesy to the patients and their families, Oklahoma Pain Center does submit a claim to most third party payers. It is requested that payment by Medicare or my private insurance company be made to Oklahoma Pain Center for authorized services rendered. If my insurance carrier pays me directly, I agree to forward all funds to Oklahoma Pain Center within 10 working days. I agree that I am responsible for paying, all non-covered or unpaid amounts unless otherwise provide by law, regulation or Oklahoma Pain Center's contractual relationships. I agree to be responsible for the full amount of the allowed charges incurred for treatment. I am responsible for the charges incurred if my insurance is no longer valid at the time of service or if services provided are deemed cosmetic or not medically necessary.

- **Disclosure of Information**

I understand that my medical records and billing information are made and retained by Oklahoma Pain Center and are accessible to Oklahoma Pain Center's personnel, who may use and disclose medical information for operations and functions of the clinic. I authorize Oklahoma Pain Center to forward/release my medical records to any other health care personnel involved in my continuum of care.

- **Release of Records**

I authorize Oklahoma Pain Center to release to any governmental health care program and its agents, or to any private insurance company or its agents any information needed to determine my benefits or the benefits payable to Oklahoma Pain Center.
I hereby authorize my attending physician to release my complete medical record to Oklahoma Pain Center. I understand further, the information authorized for release, may include records which reference the presence of a communicable or venereal disease which may include, but is not limited to Syphilis, Gonorrhea, and the Human Immunodeficiency Virus, also know as known as Acquired Immune Deficiency Syndrome (AIDS). I also understand that the medical record may include treatment information for any mental health related problems.

- **Acknowledgement of Notice of Privacy Practices**

A complete description of how my medical information will be used and disclosed by Oklahoma Pain Center has been given to me in Oklahoma Pain Center's NOTICE OF HEALTH INFORMATION PRACTICES. I have been advised to read the notice prior to signing this policy. If I have any questions, I know to contact the office manager of Oklahoma Pain Center at 752-9600.

- **Financial Policy**

Please remember that insurance is a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. As a courtesy to the patient we will file with your insurance company for you. Some insurance companies pay fixed allowances; others pay a percentage of what is considered reasonable and customary. It is your responsibility to pay any deductible amount, copayment, or any other balance not paid for by your insurance company at the time services are rendered and procedures performed. If your account becomes delinquent and is assigned to collections, a reasonable collection fees, court costs, and/or attorney fees will be added to your account balance should you default on your account.
Billed charges which are not paid within a reasonable period of time, and for which no special arrangements have been made, will be subject to placement with collection agencies following due notice.

- **I give Oklahoma Pain Center permission to notify me of my medical information via HIPAA compliant email.**
- **I give Oklahoma Pain Center permission to charge me $75 for a "no-show" fee if I don't give notice of cancellation 1 business day prior to my appointment.**

Having read and understood the above information, I agree to the terms set forth.

_____ _____
Print Patient's Name Date

_____ _____
Patient Signature (or Parent/Guardian or Representative**)** Relationship to Patient

S. Blake Kelly, MD ● James Lynch, MD ● Nathan Overbey, MD
Karie Stewart, APRN ● Stacy Torres, APRN ● Angela Quick, APRN ● Jennifer McReynolds, PA-C ● Matthew Munda, APRN ● Meredith Pruitt, PA-C ● Cody McBride, APRN
13921 N Meridian Ave ● Oklahoma City, OK 73134 ● Office (405) 752-9600 ● Fax (405) 752-9650
www.oklahomapaincenter.com