



OKLAHOMA PAIN CENTER

NEW PATIENT WORKSHEET

Patient Name: _____ DOB: _____ SSN: _____

Address: _____

Cell Phone Number: _____ Apple _____ Android _____

Other Phone Number: _____ Email: _____

Insurance: _____ Policy #: _____ Group: _____

Effective Date: _____ Deductible: _____ Met \$: _____

NOTES: _____

Referring Office: _____

Referring Doctor: _____

Phone: _____ **Fax:** _____

We are in network with most major insurance providers as well as offering an affordable cash rate program. We are not in network with BCBS and do not accept new patients with Medicaid as primary insurance.

Our private pay program is \$250 for the initial visit and \$145 for monthly visits which includes up to 6 urine drug screens over a year.

As a reminder, we are not accepting patients using medical marijuana unless they agree to stop.

We are not accepting patients on benzodiazepines. Patients must be off for at least 30 days in order to test negative.

Please reach out to management@oklahomapaincenter.com if you have any questions.
