

PAIN CENTERS OF IOWA, PC
Davenport, Burlington & Coralville
563.344.1050
Pcipain.com

Name: _____
Date of Birth: _____
Med Rec #: _____

Welcome to Pain Centers of Iowa, PC. We are an independent pain management practice. Our providers are trained to provide pain management services for patients suffering with chronic pain and to address issues that may help you achieve improved function in your life. The following information should assist you with questions you may have about our office. **Please note:** You will be asked to complete paperwork annually or more frequently if policies change to help facilitate your working knowledge of our expectations in our clinic. Welcome!

Hours: Our offices are open M-Thursday 8 am to 4:30 pm and Friday 8 am to 3 pm. For procedural patients you will receive an emergency call number for after-hours support for questions. Initials: _____

Communication: We have a nurse line that will return all calls prior to 3pm by the end of the day. **Please note:** You need to call the main number for all scheduling and nursing calls; they will be able to assist with answers regardless of which clinic you visit. All our members are knowledgeable and efficient in electronically messaging your request to the appropriate person if it something that needs clarification. Main Scheduling: 563.344.1050. We recommend you use your electronic portal to directly communicate with your provider. We need your written permission to leave messages regarding your appointments and medical care on an answering machine or voice mail, if we are unable to reach you directly. You will be asked at every visit if your contact information is changed. You are responsible for keeping our office current. Initials: _____

Appointments: Patients are seen by appointment only. If patients are receiving medications, the prescriptions are only given upon your following visit. Each prescription is intended to be a starting point in figuring out your best treatment plan and a full trial of these medications are to be tried by the patient with concerns and pain diary of events to bring back to the follow up appointment. No prescriptions are given between appointments so we may evaluate your treatment success face to face. **If your condition requires opioid medications your appointments will be scheduled back every month to collaborate with goals and effectiveness.** Initials: _____

Appointment confirmations/cancellations: In order to serve our patients, we have implemented a cancellation policy that you must cancel within 24 hours or be expected to “stand-by” meaning you can wait in the office all day for a cancellation. No medications will be given without an appointment. You will receive a text message and or email from our electronic reminder service. If we do not hear back from you prior to 24 hours to your appointment we will need to fill this spot with New Patients waiting to get in for treatment. There is a \$70 dollar fee for cancelling a procedure without a 24 hour notice. There are people waiting to be seen and people that wish to fill your spot if you can't be there at your appointment. We understand inclement weather and emergencies happen. Initials: _____

Services exclusive: As your pain management provider, we treat with various intervention / injection techniques that help improve your outcome. All pain management injections or consults ordered by outside providers must be performed by PCI pain provider. It is important that the interventional component is performed by PCI to support the outcome and ongoing pain medication that may still be needed. If interventions / injections are done outside our PCI providers we can and will stop your opioid therapy and ask that you go back to the person who did the last injection to start providing your medication treatment. Initials: _____

If you have any questions regarding the above policies, please feel free to give our office a call.
563.344.1050 We care about your success in our clinic.

Staff Initials: _____ Date: _____

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Billing/Insurance: We require current insurance information in order to submit your claim. We require payment at the time of service. This includes: Co-Payments, Co-Insurance, deductibles and any current balances under your name. We participate with a variety of programs. If you have a question regarding our office participation in a particular insurance plan, we suggest that you contact the insurance plan directly. Insurance plans may not cover all services. It is your responsibility to know your coverage. If you do not have your Co-Pay at the time of service you will incur an administrative fee of \$8 dollars to cover statement preparation and mailings. All returned checks will incur at \$25 service fee. Initials: _____

FMLA Forms/Disability Forms/Work or school Excuses: A work or school excuse can be provided to you at the time of your appointment. Please make sure to ask for this if needed in the exam room with your provider. If you request a work or school excuse at a later date, there will be a charge of \$5. There is also a charge of \$80 for completion of FMLA and Disability paperwork and is only to be discussed during your visit so assessments can be performed to support claims, not after you walk out of the exam room. If that occurs you must wait until your next follow up appointment. The fees will be collected prior to visit. We will need patients to fill out their portions of the paperwork including your provider's name, address and phone #. Please note: PCI will require you to have a minimum of 3 consecutive visits prior to assessing. Initials: _____

Goals for Treatment: We realize that you are here to get your pain relieved and we are specialists in doing so. It is important that we understand your exact pain location, find the diagnosis then create a treatment plan with the goal of improving your function. It is necessary to be clear about your pain at each visit, and to talk about any functional improvements upon each visit with your provider. Your treatment plan may require you to start with conservative treatments, such as non-opioid medications and/or physical therapy. It is possible you may be asked to return to physical therapy but now with pain management support so physical therapy sessions can be beneficial. More invasive therapies may not be covered until proper documentation of previous efforts are noted. It is possible that you were sent to our office believing you will receive a certain injection. It is important to note that a proper physical exam by a pain provider must precede this to confirm exact location of probable injection and make sure previous conservative measures have been exhausted. This is prudent and required by medical insurance policies for payment of injection type therapies. Initials: _____

Safety for you: As your pain management specialists it's important to let you know that every patient who is receiving medications from our facility must bring their medications in the original bottles at every visit. It is also important to disclose any medications to our staff to update your medical record. We must perform certain functions in our job to support the CDC recommendations of safe handling of medications: You must safely store, bring medications to appointments for pill counts and supply PCI with urine drug screens to best help guide your therapy. It is very important to not feel you are singled out in this process. We do not deviate from patient safety and realize this may feel very uncomfortable at times. This is not our intent. We are responsible for safe prescribing and monitoring what we prescribe to you. Your safety is our first concern. Initials: _____

Opioid agreements: We expect you to understand and read the opioid agreement prior to signing. We will hold you accountable for the responsibility you take when being prescribed medications. Initials: _____

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Staff Initials: _____ Date: _____