

Emerald Coast Pain Services Office Policies  
3997 Commons Drive, Suite M  
Destin, FL 32541  
850-424-3769  
Toll Free 1-800-489-3277  
Fax 850-460-2491

Location	Mon-Thurs	Friday	Sat/Sun
Physician Office	8 am – 4:30 pm	Closed	Closed
Business Office	8 am – 4:30 pm	Closed	Closed

### **Before Your Visit**

*Accurately completing the following information before your scheduled appointment will help us better serve you in a timely fashion.*

- If you are a new patient, please mail or fax your completed history and physical form before your scheduled appointment. Fax to 850-460-2491.
- If you are an established patient, please update your medication/problem list prior to your next visit.

### **Medical Records**

Medical Records are confidential documents and will not be released without the patient's authorization. In accordance with Florida Statutes 395.3025, 456.057 and rule 64B8-10.003, Florida Administrative code.

Following guidelines below will facilitate your request for release of your medical records.

- Please complete and fax your medical records release form to 850-460-2491. Attention: Medical Records Department.
- We require 5 business days notice for processing of request.
- There is a fee for copying and processing request(s) for medical records release.
- Mail the appropriate fee listed below to:  
Emerald Coast Pain Services  
Attn: Medical Records  
3997 Commons Drive, Ste M  
Destin, FL 32541

### **Fees for Medical Records**

In accordance with rule 64B8-10.003 Florida Administrative Code

- \$1.00 per page for the first 25 pages of written material
- \$0.25 for each additional page

### **Understanding your Insurance**

It is very important for you to be aware of the requirements of your health insurance policy so that you will save on out-of-pocket expenses and frustration later. We participate in various insurance plans. Our staff strives to be helpful, but we cannot know everything about the hundreds of insurance plans

available to our patients. Our billing and insurance staff are always happy to help you understand your bill and to assist you in obtaining insurance payment.

- Please contact our office and ask to speak with our Office Manager to discuss your specific insurance needs.
- If you have questions about your benefits, call your insurance company's customer service department (listed on the back of your insurance card) or our employer's human resources department.

### **Fee and Payments**

- If we participate with your insurance plan we will submit insurance claims for services rendered. You will be responsible at the time of service for: copayments, deductibles and non-covered services.
- If we do not participate with your insurance plan, full payment is requested at time of service unless prior arrangements are made.
- After services are rendered you may see a statement from different companies depending on the services rendered. Please do not be concerned. The company names you may encounter are listed below:

Microspine Physician's Group, LLC  
Emerald Coast Pain Services  
Anesthesia Inc.

### **Forms Completion**

Occasionally we are requested to complete various medical forms, (i.e. disability forms, FMLA forms, dictated letters and medical summaries). The requestor of the form will be charged a fee based on complexity, length and physician consultation time.

### **Late Charges**

A \$20 late charge will be assessed for personal account balances after 60 days and every 30 days thereafter. We do encourage you to use your credit card rather than incurring late fees. We accept cash, check credit card (MasterCard, Visa, and Discover)

The following guidelines are provided to assist in customizing your schedule appointment time.

- Arrive 15 minutes before your scheduled time to fill out all necessary paperwork.
- Contact us if you are going to be 20 minutes or later for your appointment. We may need to reschedule your appointment.

### **No Show Policy**

The definition of a "no show" is failing to cancel an office visit and/or procedure appointment within 72 hrs of the scheduled appointment.

- Patients who schedule appointments but fail to show up are documented as "no shows", unless an emergency (documented) arises. Patients who are "no shows" for their appointments will be

charged \$100 for office visits and \$200 for scheduled procedures (whether scheduled at office or another facility).

- **Repeated cancellations or no shows may result in dismissal from the practice for non-compliance.**

**Prescription Refills**

For the protection of our patients, no prescriptions or renewal are refilled beyond business hours. This means there will be no medication refills after hours, weekends or holidays. Prescriptions will not be renewed for any patient who missed or cancelled their previous appointment. Keeping office appointments is a condition of prescription renewal.

*Prescription may be refilled in one of several ways:*

- **Telephone Request** – you may call the office number 850-424-3769 between 8:00 am and 4:30 pm (Monday – Thursday) Requires two business days (48 hrs) notice. **\*Narcotic prescription not included**
- **Pharmacist Request** – your pharmacist may fax 850-460-2491. Requires two business days (48 hrs) notice **\*Narcotic prescription not included**
- **Scheduled appointments** – prescription refill appointments need to be made 14 days before your current supply of medications runs out.
- Narcotic refills will not be "CALLED IN" to pharmacies or "MAILED" **NARCOTIC PRESCRIPTION REFILLS – REQUIRES A SCHEDULED APPOINTMENT**

Thank you for choosing Emerald Coast Pain Services to be a participant for your healthcare needs. Please let us know if there is any way we can serve you better.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name