

North Georgia Pain Clinic

PAIN MANAGEMENT SPECIALIST

BARRY N. STRAUS, MD, JD
PETER S. MORRISON, MD
EFRIM C. MOORE, MD

1320 OAKSIDE DRIVE
SUITE 203
CANTON, GA 30114

TELEPHONE
770.479.2322

FACSIMILE
770.720.7695

Thank you for choosing North Georgia Pain Clinic

Your appointment is ____/____/2018 @ ____:____

PLEASE ARRIVE 30 MINUTES EARLY

You **must** have the following with you at your appointment:

- ✓ Georgia Photo ID
- ✓ Current Insurance Cards
- ✓ Completed Paperwork
- ✓ **ALL** Medication

For the “first visit” we do not accept checks (credit card, Master card or Visa only, cash or money order. Be prepared to pay your copayment or office visit (Self-pay patients \$250).

Unfortunately, we **WILL** have to reschedule you if you do not have **all** the requested information.

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If we participate with your insurer we will abide by our contract with them in terms of the fee schedule and write-offs required. Payment is due at the time of service. Failure to provide correct insurance information*, in a timely manner, will result in you being responsible for our fees, in full. Every effort will be made by this office to have all services and procedures preauthorized by your health insurance company.

Check Policy: We do NOT accept checks on your initial office visit. We will accept cash, MasterCard or Visa. We do not take 3rd Party checks. **Bad Checks:** A \$30.00 NSF fee plus a \$5.00 Certified Mail charge will be incurred for all returned checks. Returned checks and fees must be paid in cash or by certified funds. Stopped payment on checks is grounds for discharge. After the second (2nd) returned check you will be **CASH ONLY**.

Referrals: Should any services we provide, such as office visit or urine drug screens, require a PCP referral; it is your responsibility to obtain this. Your failure to obtain this means you will be responsible for payment for services rendered.

Authorizations: If your insurer requires authorization for procedures and/or injections we will obtain these, if possible. However, these do take time and we need at least two week notice in order to do so. If you insist on having a procedure without an authorization you will be required to make payment at time of service for the procedure. Some insurers limit the number of certain procedures during a calendar year. If you feel that you require one after this limit has been reached you may schedule one once payment, in full, has been made. If your health insurance company determines that a particular service is not reasonable and necessary, or that a particular service is not covered under the plan, your insurer will deny payment for that service. Prior authorization is NOT a GUARANTEE OF PAYMENT.

I understand that my health insurance company may deny payment for the services identified above, for the reasons stated. If my health insurance company denied payment, I agree to be personally and fully responsible for payment. I also understand that if my health insurance company does not make payment for services, I will be responsible for any co-payment, deductible, or coinsurance that applies

ASSIGNMENT AND RELEASE STATEMENT

By signing below, I understand the billing practices for North Georgia Pain Clinic, PC. I authorize payment of medical benefits to the North Georgia Pain Clinic and authorize them to release any medical information necessary to process claims. I understand that I am financially responsible for any copay, coinsurance, deductibles, non-referred and non-covered services as outlined in my health plan.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Witnessed: _____ Date: _____

**Under Georgia Law it is considered "Theft of Services" to obtain care by providing false insurance information.*

NORTH GEORGIA PAIN CLINIC, PC
PATIENT INFORMATION FORM

Date _____

LAST: _____ FIRST: _____ MI: _____ PREFERRED: _____

DOB: _____ SS#: _____ SEX: M/F MARITAL STATUS: S M W D OTHER

RACE: CAUCASIAN/AFRICAN AMERICAN/ASIAN/OTHER _____ ETHNICITY: HISPANIC/NON-HISPANIC

ADDRESS: _____ APT # _____

CITY: _____ ST: _____ ZIP CODE: _____

*PLEASE PROVIDE STREET ADDRESS IF USING A POST OFFICE BOX: _____

HOME# _____ CELL# _____

EMAIL: _____

EMERGENCY CONTACT: (NOT LIVING WITH YOU): _____ PHONE#: _____

EMPLOYER: _____ WORK#: _____

REFERRING PHYSICIAN: _____ OFFICE #: _____

PRIMARY CARE PHYSICIAN: _____ OFFICE #: _____

***PREFERRED PHARMACY: _____ PHONE#: _____

IS VISIT RELATED TO MVA OR WORK COMP INJURY: YES/NO DATE OF INJURY: _____

ADJUSTER'S NAME: _____ ADJUSTER'S PHONE#: _____

PRIMARY INSURANCE:	SECONDARY INSURANCE:
INSURANCE POLICY HOLDER NAME (IF OTHER THAN PATIENT): _____ DOB: _____ SSN# _____ EMPLOYER: _____	INSURANCE POLICY HOLDER NAME (OTHER THAN PATIENT): _____ DOB: _____ SSN# _____ EMPLOYER: _____
POLICY #	POLICY #
GROUP#	GROUP#
EFFECTIVE DATE:	EFFECTIVE DATE:

NORTH GEORGIA PAIN CLINIC, PC

PAIN MEDICATION POLICY

Our first and foremost concern is the well-being of our patients. We understand that you are in pain: however, there is NO magic pill or pain medications to make all of your pain go away. Due to the addiction potential and legal issues involved, pain medicine and management of pain medications will be under the following guidelines. ***Please initial after each item to indicate that you have read and understand it. Please also sign your name at the bottom of this page. FAILURE TO DO SO WILL RESULT IN YOU NOT BEING SEEN BY THE PHYSICIAN!!!!!!***

- _____ Medications will last a specific number of days and NO medication will be called in prior to that date.
- _____ Narcotics will NOT be phoned in after hours or on weekends. Please note....Our office closes at NOON on FRIDAYS.
- _____ If you find that a specific pain medication does not work for you, we will only exchange pill for pill with a new prescription. The remainder of your old prescription must be returned to our office or pharmacist.
- _____ Patients may be terminated from the practice with thirty (30) day notice for non-compliance in the taking of medications.
- _____ We will **NOT** refill prescriptions which have been lost or misplaced. You **MUST** take the responsibility for keeping up with your medications.
- _____ Stolen medications will not be replaced without a valid police report. We will only do this **ONE** time!
- _____ Failure to show for a pill count may result in patient discharge.

CONDITIONS FOR IMMEDIATE TERMINATION FROM THIS PRACTICE

- _____ Obtaining narcotics from **any** other physician while under our care.
- _____ Altering or forging a prescription is a **FELONY** and will be reported to the proper authorities.

If you are taking prescription narcotics/controlled substances (oral or with a drug infusion pump) muscle relaxants, or tranquilizers, for which the manufacturer of the drug recommends not to operate heavy equipment, (this includes ANY motorized vehicle). We do not recommend that you act against the manufacturer's recommendations and will assume no liability should YOU choose to drive while on medication. PLEASE BE AWARE THAT SHOULD YOU CHOOSE TO DRIVE WHILE ON MEDICATION, YOU CAN LEGALLY BE CHARGED WITH A DUI.

Your signature on this form will also constitute a release which allows our office to obtain your prescription history/information from any pharmacy we may call on your behalf.

Patient Printed Name: _____ DOB: _____

Patient Signature: _____ Date: _____

NORTH GEORGIA PAIN CLINIC, PC

CONSENT FOR TREATMENT

Patient Printed Name _____ **DOB:** _____

Date: _____

Nerve blocks and trigger point injections are a time tested modality for chronic pain management. Nerve blocks are relatively safe techniques that have been used over the past seventy plus (70+) years for surgical/obstetrical anesthesia and control of chronic pain. The medications used in these blocks will be a combination of Marcaine, Lidocaine (local anesthetics), sterile saline and a low dose steroid. If, you have an allergy to any of these medications, please notify the staff now.

The local anesthetics often numb the area as well as areas that are supplied by nerves near the injection site. Local anesthetics generally wear off within 24-hours after the injection.

Notify the physician and staff if you:

- Are diabetic
- on Coumadin or any blood thinning therapy
- Prone to fainting during minor medical procedures

Possible Consequences of Nerve Blocks

- Feeling of warmth, numbness/weakness in the body region which has been blocked.
- Stellate ganglion blocks, because they involve the face, may cause eyelid droop, hoarseness, or nasal stuffiness.
- Soreness in the area of the body where the needle was introduced.
- Anxiety about the procedure, which may cause dizziness, shaking, or sweating. Intense anxiety can cause fainting and may be avoided by relaxing.
- Even the low-dose steroids we use can affect the blood sugar level of patients with diabetes.
- Bleeding problems can occur with nerve blocks with patients on blood thinners.

All of these are temporary reactions and should resolve shortly after the block.

Infrequent Consequences of Nerve Blocks

- Disturbances in breathing, blood pressure, and state of awareness.
- Body rash, increased appetite, reddened face, possible sensitivity to medications
- Seizures
- Spinal headaches can occur occasionally after the procedure. This can resolve spontaneously or can be treated at the office.

These responses should be reported immediately; with appropriate treatment, they are not life-threatening.

NORTH GEORGIA PAIN CLINIC, PC

CONSENT FOR TREATMENT...CONTINUED

Rare Consequences of Nerve Block

- Internal bleeding
- Isolated cases of infection/abscess formation have been reported
- Paralysis

Should any of the above occur you should go to the Emergency Room immediately and have their staff contact our office or our physician on call.

Please understand there is a difference between side effects and a true allergic reaction to medications. A true allergic reaction will occur almost immediately or shortly after exposure to the allergic substance (generally a medication). A true allergic reaction will cause your throat to swell to the point where breathing will become restricted and/or impossible and can be life threatening. Should this occur, please call 911 immediately and then notify our office. Side effects are generally NOT life threatening and can be treated conservatively or with medications.

I understand the PHYSICIAN, MEDICAL PERSONAL, and OTHER STAFF members of the North Georgia Pain Clinic will rely on statements made by the patient, the patient's medical history and other information in determining the course of treatment.

I understand the practice of medicine is NOT an exact science and that NO guarantees or assurances have been made to me concerning the results of treatment.

By signing this form, I acknowledge that I have read this form or had the form read and/or explained to me.

Patient Printed Name: _____ **Signature:** _____

Witness: _____ **Date:** _____

NORTH GEORGIA PAIN CLINIC, PC
**RECEIPT FOR NOTICE OF PRIVACY PRACTICES/
WRITTEN ACKNOWLEDGEMENT FOR HIPPA PRACTICES**

I, _____, acknowledge I have been provided a copy of the **Notice of Privacy Practices** and that I have read (or had the opportunity to read if I so choose) and understood the Notice.

I authorize North Georgia Pain Clinic (physicians and staff) permission to discuss and/or disclose my health information with the following person/persons listed below: I understand that my personal health information may be re-disclosed the person(s) or organizations(s) and may no longer be protected by law.

- | | |
|----------|--------------------|
| 1. _____ | Relationship _____ |
| 2. _____ | Relationship _____ |
| 3. _____ | Relationship _____ |

I understand that this information **may include** any and all treatment plans, medication issues, history of acquired immunodeficiency syndrome (AIDS); sexually transmitted diseases; human immunodeficiency virus (HIV) infection; behavioral health service/psychiatric care and evaluations; treatment for alcohol and/or drug abuse; or similar conditions. You have the right to take back (“revoke”) your authorization at any time, in writing, except to the extent North Georgia Pain Clinic has acted based on your permission.

Please *initial* the following:

_____ I authorize North Georgia Pain Clinic to leave information on my provided home/cell phone answering machine/voicemail.

_____ I do not authorize North Georgia Pain Clinic (physicians and staff) permission to discuss my medical treatment with any family member or friends.

_____ Patient refused to sign acknowledgement

The following **information *should not be released***: _____

Patient Name: _____

SSN # _____

DOB: _____

Patient Signature: _____

Date: _____

Witness: _____

Date: _____

NORTH GEORGIA PAIN CLINIC, PC

NOTICE OF PRIVACY PRACTICES AS REQUIRED BY THE PRIVACY REGULATIONS CREATED BY HIPPA

Our practice is dedicated to maintain the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide to you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI.

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend the Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice had created or maintained in the past for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most recent Notice at any time.

We may use or disclose your IIHI in the following ways:

Treatment: Our practice

We may use your IIHI to treat you. Many of the people who work for our practice including but not limited to, our doctors and nurses, may use or disclose your IIHI in order to treat you or assist others in your treatment. We may disclose your IIHI to others who may assist in your care, such as your spouse, children, and/or parents. We may also disclose your IIHI to other health care providers for purposes related to your treatment.

Payment: Our practice may use and disclose your IIHI in order to bill and collect payment for services rendered. This may be released to your insurer, third parties who may be responsible for payment, or other health care providers and entities to assist in their billing and collection efforts.

Health Care Operations: We may use and disclose your IIHI in order to operate our business, conduct cost management, and business planning activities. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

Release of Information to Family/Friends: Our practice may release your IIHI to a friend or family member who is involved in your care, or who assists in taking care of you. For example, a family member who calls to verify appointments or address a billing issue.

Disclosures Required By Federal, State, or Local Laws.

Use and Disclosure of your IIHI and Certain Special Circumstances:

- Serious Threats to Health and Safety
- Military/Veterans
- Workers Compensation
- National Security & Intelligence Activities
- Inmates & Individuals in Custody

Public Health Risk: Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information.

Health Oversight Activities: Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. These include but are not limited to: investigations, audits, licensure, disciplinary activities, and criminal procedures, activities necessary for the government to monitor government programs, compliance with civil right laws, and the health care system in general.

Law Enforcement: We may release the IIHI if asked to do so by law enforcement officials regarding criminal conduct at our office, in response to a warrant, summons, court order, subpoena, in an emergency to report a crime, or concerning a death we believe has resulted from criminal conduct.

Prescription Medications: It is a FELONY in the State of Georgia to obtain narcotics from more than one physician at a time without making all other physicians aware. In this circumstance, we may release your IIHI to the patient's pharmacy or physician/staff involved in the patient's care in order to ascertain that this is not being done.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services: We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Business Associates: We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

All request, questions, and/or breaches should be submitted to: **HIPPA Compliance Officer C/O North Georgia Pain Clinic, PC 1320 Oakside Drive Suite 203 Canton, GA 30114. (770) 479-2322.**

North Georgia Pain Clinic Office Directions (updated 4.1.16)
All calls are routed through our Canton Office
Mon-Thurs 9:00 a.m. - 4:30 p.m. and Fri 9:00 a.m. - 12:00 p.m.

ATLANTA - 261 PARKWAY DRIVE NE, 2ND FLOOR, ATLANTA, GA 30312

FROM 75S: Take exit 248C (Freedom PKWY toward carter center), at light take a Left onto Boulevard, at the next light take a Left onto Highland, at the next light take a right onto Parkway Drive, we are in the Wellness Center next to the Hospital.

FROM I20W: Take exit 57 onto I75N (toward Macon/Chattanooga), take exit 248C, at the light take a left onto Boulevard, next light take a left onto Highland, at the next light take a right onto Parkway Drive, we are in the Wellness Center next to the Hospital.

CANTON - 1320 OAKSIDE DRIVE, STE. 203, CANTON, GA 30114

FROM 575N: Take exit 20 (Riverstone PKWY), at the light take a left, turn right onto Hospital Drive (2nd street on the right after the Days Inn). Continue to Oakside Dr. and our office is on the left (2-story brick).

FROM HWY 20E: Take 20E to Canton, take a left onto Marietta Hwy, and continue to Riverstone PKWY, turn left on Hospital Drive (at the Shell Station), continue to Oakside Dr., our office is on left (2-story brick).

FROM 575 S: Take exit 20 (Riverstone Parkway) and turn right off of the exit. Turn right on Hospital Drive (2nd street on the right after the Days Inn). Continue to Oakside Dr., our office is on the left (2-story brick).

CARTERSVILLE – 17 BOWEN’S COURT CARTERSVILLE, GA 30120

FROM 75S: Take exit 290 turn right off of the exit ramp on to GA-20, (from 20 Cross 75 then left). At the next light turn left onto Roving Rd. At stop sign, turn Right onto Felton Rd. At light turn left onto Joe Frank Harris Parkway (Old 41). Turn Right onto Collins Dr. (between Bank of America and SunTrust Bank), then left onto Bowens Ct. (Doctor’s Hospice). Office will be the third driveway on the left.

FROM 75N: Take exit 290 (toward Rome), turn left on GA-20, and turn left at Roving Rd. At stop sign turn right on Felton Place. At light turn left onto Joe Frank Harris Parkway (Old 41) then turn right on Collins Dr SE, (between SunTrust Bank and Bank of America) Turn left on Bowen Ct., our office will be on the left.

FROM ROME: Head east on GA-20/Shorter Ave NW toward Hamilton Ave/Hamilton Lane, slight right on N 2nd Ave SW, take the ramp onto GA-1/GA-20/GA-53/US-27, take the US-41/GA-20 ramp on the left to Cartersville/Atlanta, merge onto Floyd Memory Gardens/GA-20/GA-344/GA-411 continue to follow GA-20/GA-344. Take the ramp onto GA-20/GA-3/Joe Frank Harris Pkwy SE/US-41, turn right on Collins Dr SE, turn left at Bowen Ct, our office is on the left.

OFFICE LANDMARKS - turn off Joe Frank Harris between bank of America and Sun Trust onto Collins See Owen’s funeral on right take left onto Bowen’s Court (between hospice and Dr. Bennie Smith); 3rd drive on left (17 Bowen’s Court.

CUMMING: 304 WEST MAIN STREET, CUMMING, GA 30040

400N: Take Exit 15 (Bald Ridge Marina) toward Cumming and turn left off of exit ramp. Bald Ridge Rd. will turn into Pirkle Ferry and continue onto GA-20 W/GA-9N, Continue to follow GA-20W, turn left into Holbrook square and our office will be on the left, #304.

400S: Exit 15 (Bald Ridge Marina) toward Cumming and turn right off of the exit ramp. Bald Ridge Rd. will turn onto Pirkle Ferry Rd. and Continue onto GA-20 W/GA-9N, Continue to follow GA-20W, turn left into Holbrook square and our office will be on the left, #304.

VIA CUMMING HIGHWAY AND GA-20 E: Take Ga-20 East toward Downtown/Cumming. Continue on GA-20 East and left at Hardee’s restaurant. Our office will be on the left.

OFFICE LANDMARKS – Directly across the street from the Foster House and Hardee’s Restaurant

LAGRANGE – 208 SMITH STREET, LAGRANGE, GA 30240

FROM I85S: Take Exit 18 (LaGrange), right on Lafayette Parkway/GA 109 towards the square in Downtown LaGrange, turn right onto North Morgan Street, turn left on new Franklin Road, Make a slight right onto Franklin Street (Franklin becomes Smith Street, our office is across from Clark Holder and IN THE RHANEY BUILDING next to Rhaney Eye Clinic.

OR FROM I-85 S: Take Exit 18, Take a **Right** onto Lafayette Parkway/GA 109 towards the square in Downtown LaGrange

Turn **Right** onto North Morgan Street, Turn **Left** onto New Franklin Road, Make a slight **Right** onto Franklin Street (Franklin becomes Smith Street), North Georgia Pain Clinic is across from Clark Holder and next to Rhaney Eye Clinic.

North Georgia Pain Clinic

2018 MIPS Chart Update

Date: _____

Name			
Date of Birth			
Age			
Phone Number			
Pharmacy	Name:	Location:	Phone:
E-Mail			

Smoking Cessation Counseling:

1. Do you smoke cigarettes? Yes _____ No _____
2. Do you vape or use E-Cigarettes Yes _____ No _____
3. Do you dip/chew? Yes _____ No _____
4. If you answered **YES** to any of the above questions, what age did you start? _____

Flu Immunization:

1. Did you have your flu shot? Yes _____ No _____
2. If yes, when? Approximate Date: _____
3. If you **did not** have your flu shot, why? (please check one option below)

	Declined (Reason Not Needed)		Allergic to Vaccine
	Allergic to Eggs		Vaccine Not Available

IF YOU ARE AGE 49 OR BELOW – STOP HERE, YOU ARE FINISHED!!!

Screenings Listed Below Are Age Dependent

Colorectal Cancer Screen: Age 50 and above ONLY

Please check all colorectal screenings that you have had- please note date ranges

	Fecal Occult Blood Test (2018)	Date Performed:
	Flexible Sigmoidoscopy (2014-2018)	Date Performed:
	Colonoscopy (2009-2018)	Date Performed:
	CT Colonography (2014-2018)	Date Performed:
	No testing performed	

Fall Risk Assessment: Age 65 and above ONLY

Have you had a fall w/i the past 12 months	No = 0	Yes = 25	
Secondary diagnosis	*****	Yes = 15	*Please Note- All NGPC patients have a secondary diagnosis
Do you use an assistive device? (Please note the listed assistive devices)	No = 0	Yes = 15 (Crutches, Walker, Cane)	Yes = 30 (Furniture)
Do you have a IV or Heparin Drip	No = 0	Yes = 20	
Do you have an altered gait? (gait = the way you walk)	No = 0	Yes = 10 (Weak)	Yes = 20 (Impaired)
Are you aware of your mobility limitations?	No- 15	Yes = 0	

What is an occult blood test?

The fecal occult blood test (FOBT) is a lab test used to check stool samples for hidden (occult) blood. Occult blood in the stool may indicate colon cancer or polyps in the colon or rectum — though not all cancers or polyps bleed.

What is the difference between a flexible sigmoidoscopy and a colonoscopy?

Colonoscopy and sigmoidoscopy both use a thin flexible tube with a camera at the end to look at the colon. They differ in the areas of the colon they can see. Colonoscopy examines the entire colon, while sigmoidoscopy is a partial exam that only covers the left side of the colon.

CT Colonography:

CT colonography, also known as virtual colonoscopy, uses low dose radiation CT scanning to obtain an interior view of the colon (the large intestine) that is otherwise only seen with a more invasive procedure where an endoscope is inserted into the rectum and passed through the entire colon.

Fecal Immunochemical Test

The fecal immunochemical test (FIT) is a screening test for colon cancer. It tests for hidden blood in the stool, which can be an early sign of cancer. FIT only detects human blood from the lower intestines.