



## PATIENT ATTESTATION

PLEASE READ THIS SECTION CAREFULLY ALONG WITH THE DOCUMENTS THAT GOES WITH IT.

Thank you for choosing Interventional Spine Center, Inc. (ISC) & Pain Management Associates, Inc. (PMA). Please make sure that our staff has given you all the documents listed below. It is extremely important that you carefully read and review these documents that were given to you before your initial consultation with our pain management Physician. Please sign your name below once you have completely read, understood, and agreed with each of the documents. The documents listed below are used for your benefit to inform you of ISC & PMA's company policies & procedures.

### 1. Patient's Rights and Responsibilities

By signing below, I was given and have read, understood, and agreed with ISC & PMA patient's rights and responsibilities. I was also given a list of contact information regarding where and whom I may be able to express my concerns, complaints, and/or grievances to.

### 2. Statement of Financial Responsibilities

By signing below, I understood and agreed with the Statement of Financial Responsibilities given to me by ISC & PMA. Any questions, concerns, and/or disagreements to these terms will be held responsible upon me to bring attention to with ISC & PMA staff. (\*\*PLEASE BE AWARE THAT AFTER 60 DAYS OF OUTSTANDING BALANCE, 18% INTEREST WILL BE ADDED TO YOUR BALANCE EACH MONTH)

### 3. Opioid Contract

By signing below, I was given, understood, and agreed that if I was to violate any of the condition(s) written in the Opioid Contract, given to me by ISC & PMA, that it may result in dismissal from this practice and the discontinuation of getting any narcotics/controlled substances prescribed to me

### 4. Policy Concerning Advance Directives

By signing below, I was given information about ISC & PMA's Advance Directives policy. Any questions, concerns, and/or disagreements to these terms will be held responsible upon me to bring attention to with PMA & ISC staff

### 5. Disclosure of Physician Ownership

By signing below, I was given information about ISC & PMA Ownership. Any questions and/or concerns will be held responsible upon me to bring attention to with ISC & PMA staff

### 6. Consent for Prescription History Search

By signing this form below, I hereby give my consent for Pain Management Associates, Inc. and Interventional Spine Center, Inc. to search my reported prescription history for purposes including, but not limited to, medication reconciliation and verification of satisfactory participation in the opioid contract

I certify that I have received written documentation of the following items list above, prior to my scheduled initial consultation and/or my procedure date. By signing below, I understood and agreed to the above documents, in regards to Interventional Spine Center, Inc. and/or Pain Management Associates Inc. policies and procedures. Furthermore, I have understood that should I have any questions regarding its content, I should contact Interventional Spine Center, Inc. and/or Interventional Spine Center, Inc. staff for clarification.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_