SPECTRUM
PAIN CLINICS
-A Division of Encore Health Group-

PATIENT REGISTRATION FORM

PATIENT - THIS SECTION REFERS TO PATIENT ONLY

Please print and complete all information requested on this form.

Name ______ Age ______ Date of Birth ______

SS No. ______ Sex ☐ Male ☐ Female Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Maiden Name ______ Address ______

City ______ State ______ Zip Code ______

Home Phone ______ Cell Phone ______

Employer ______ Work Phone ______

RESPONSIBLE PARTY-THIS SECTION REFERS TO THE PERSON RESPONSIBLE FOR PAYMENT

Check which one applies ☐ Self ☐ Patient is a minor. *See insurance information below.*

PERSON TO CONTRACT IN CASE OF EMERGENCY

Name ______ Relationship ______ Phone ______

PRIMARY INSURANCE INFORMATION

Please check which one applies to you and complete information below. ☐ Insurance ☐ Workman's Compensation ☐ Self Pay

Insurance Company' s Name and Address ______

Phone Number ______ Insured's Name (who holds insurance) ______ Insured's Date of Birth ______

Relationship to Patient ______

HIC/Policy Number or Social Security Number ______ Group Number ______

WORK COMP and MVA —REQUIRED INFORMATION

Case worker' s name ______ Phone ______ Claim# ______

Date of Injury (REQUIRED) ______

SECONDARY INSURANCE INFORMATION

Insurance Company' s Name and Address ______

Phone Number ______ Insured's Name (who holds insurance) ______ Insured's Date of Birth ______

Relationship to Patient ______

HIC/Policy Number or Social Security Number ______ Group Number ______

ASSIGNMENT OF BENEFITS

I hereby assign to Spectrum Pain Clinics any insurance or third-party benefits available for healthcare services provided to me. I understand that Spectrum Pain Clinics has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Spectrum Pain Clinics, I agree to forward the practice all health insurance and other third-party payments I receive for services rendered to me immediately upon receipt.

Signature of Patient / Legal Guardian ______ DATE ______

Spectrum Pain Clinics

CREDIT POLICY

Your physician has chosen to perform your procedure at Spectrum Pain Clinics. All procedures performed here will have a Facility and Physician charge that are Incurred.
In the event that you require an anesthesiologist, there will be separate charges for them in addition to ours, and your physicians.

Many patients are covered by health Insurance contracts, which provide for reimbursement for specific medical fees. If you are not familiar with your policy, it is suggested that you discuss coverage with your carrier before charges are Incurred. All Insurance policies are contracts between you and your Insurance carrier, Your facility bill is an agreement between you and your facility. Our fees may be more or less than the payment schedule of any insurance companies' arbitrary determination of Usual & Customary. Our facility is a "Preferred Providers" for certain HMO's and PPO's and the contracts that we have signed with these specific carriers supersede our Usual & Customary policy. For our patients who are subscribers to these Insurance plans, you will not be billed for amounts above our negotiated fee schedule, with the exception of co-pays, co-Insurances and deductibles amounts as stated per your contract.

You will receive a statement each month for any unpaid balances. Balances due are payable within 60 days of your first statement. We will charge a $ 25.00 fee for all returned checks. In the event that your account is forwarded onto our collection agency, you will be responsible for their fees associated with us having to submit your account to collectlons. We accept MASTERCARD/ VISA.

Spectrum Pain Clinics accepts Medicare Assignment. We will submit Insurance claims for you as a courtesy, but It remains the patient's responsibility to make sure your claims are paid. Spectrum Pain Clinics does not handle any referral processes for your procedures.

Extended payment plans can be arranged through our billing office. These plans are based upon financial circumstances of each patient.

I, the undersigned, have read and understand the above Credit Policy.

Signature Insured/ Authorized Person ________________ Date ____________

Patients Name, Print ________________

Spectrum Pain Clinics

PATIENT RECORD OF DISCLOSURE

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosure of personal health information. (PHI) The individual is also provided the right to request confidential communications or that if communications of PHI be made by alternative means such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply)

- ☐ Home Telephone ____________________
- ☐ O.K. to leave message with detailed information
- ☐ Leave message with call-back number only
- ☐ Work Telephone ____________________
- ☐ O.K. to leave message with detailed information

- ☐ Written Communication
- ☐ O.K. to mail to my home address
- ☐ O.K. to mail to my work/ office address
- ☐ O.K. to fax to this number
- ☐ Other ____________________

I hereby give Spectrum Pain Clinics staff permission to discuss my medical care, lab results, billing, and medication, with the following individuals:

- ☐ Spouse ____________________
- ☐ Son/Daughter ____________________
- ☐ Other ____________________

ACKNOWLEDGEMENT:

I acknowledge that i have received a copy or reviewed the Privacy Practices for Spectrum Pain Clinics.

If at any time you would like this permission revoked, you will need to contact Spectrum Pain Clinics.

Patient Signature/ Representative ____________________ Date ____________________

Print Name/Relationship ____________________ Birth Date ____________________

SPECTRUM PAIN CLINICS
PRIVACY PRACTICES

Spectrum Pain Clinics Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Uses and Disclosures

Treatment-Your Private Healthcare Information (PHI) may be used by staff members or disclosed to other health care professional for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment-your PHI may be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we provide. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Healthcare Operations- We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services and auditing functions.

Other Permitted uses and Disclosures

- As required by law
- For communicable diseases
- For Workers compensation
- For military activities
- National security
- For public health
- For health oversight
- For law enforcement
- For research
- In cases of abuse/neglect
- In cases of criminal act
- To coroners, funeral directors, and organ donations
- To the FDA
- When an inmate
- For legal proceedings

Appointment reminders -We may use or disclose your PHI, as necessary to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care.

Disclosure to family members about a Decedent-We may disclose a decedent's protected health information to family members and others who were involved in the care or payment for care of the decedent prior to death, unless doing so is inconsistent with any prior expressed preference of the patient that is known to the covered entity.

Other uses and Disclosures requiring a signed authorization

Disclosure of your PHI or its use for any purpose other than those listed above requires your specific. written authorization. For example, attorney requests, relatives, a close friend or any other person that you identify. If you change your mind after authorizing a use or disclosure of your information you may submit revocation of the authorization will, not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Individual Rights

You, the patient, the patient representative or patient surrogate (a representative who acts on behalf of another person, a written document naming that person to make decisions for the patient must be provided the day of care) have certain rights under the federal privacy standards, These include;

- The right to request restrictions on the use and disclosure of your PHI. For example, patient has the right to keep information abut a treatment from their health plan as long as they pay out-of-pocket in full for that treatment, and make the requested restriction in writing. A practice cannot deny this request, except for cases in which Medicare and Medicaid are involved.
- The right to receive confidential communications concerning your medical condition and treatment. Your must inform us in writing how you wish to be contacted. (Using a form provided by our practice).
  The right to inspect and receive a copy of your PHI.
- The right to amend or submit corrections to your PHI.
- The right to receive a report or listing that identifies persons or entities to which the practice has disclosed their information.
- The right to receive a printed copy of this notice.
- The right to be notified following a breach of your unsecured PHI.
- To be treated with respect, consideration, and dignity.

Spectrum Pain Clinics

We are protected by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all PHI that we maintain.

Requests to Inspect PHI

As permitted by federal regulation, we require that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to your records by contacting

Medical Records Department
Privacy officer
414-800-5010

Complaints

If you would like to submit a comment or complaint about Privacy Practices, you can do so by sending a letter outlining your concerns to

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of concern to the address above.

You will not be penalized or otherwise retaliated against for filing a complaint.

How the Medicare Beneficiary Ombudsman works for you

An "Ombudsman" is a person who reviews issues and helps to resolve them. Congress requires that Medicare have a Beneficiary Ombudsman who helps people with Medicare. The Ombudsman shares information with the Secretary of Health and Human Services, Congress, and other organizations about what works well, and what doesn't work well, to continuously improve the quality of the services and care you get through Medicare by reporting problems and making recommendations.

The Ombudsman makes sure information is available for you about

- Your Medicare benefits
- Whether you have the information you need to make good health care decisions
- Your rights and protections under the Medicare program
- How you can get issues resolved

How does the Medicare Beneficiary Ombudsman help you through other organizations

The Ombudsman works with organizations like State Health Insurance Assistance Programs (SHIPS) and Quality Improvement Organizations to ensure they resolve your issues promptly. This allows these organizations to provide information, counselling and assistance to help you with

- Your Medicare questions, including your benefits, coverage, premiums, deductibles and coinsurances.
- Grievances (complaints)
- Appeals (you can appeal if you think a service or item you received should have been covered or paid for and Medicare denies your request, you question the amount that was paid, or your plan stops paying for coverage you are already receiving).
- Problems joining or leaving a Medicare "Advantage Plan (like HMO or PPO) or any other Medical Health Plan or Medicare Prescription Drug Plan.

For more Information

- Visit www.medicare.gov
- Visit the Ombudsman webpage@ www.cms.hhs.gov/center/ombudsman.asp
- Call your Quality Improvement Organization if you have a complaint about the quality of Medicare covered services. A Quality Improvement Organization consists of a group of doctors and health care experts who check on and improved the care given to people with Medicare. Visit www.medicare.gov or call 1-800-633-4227 to get there telephone number. TTY users should call 1-877-486-2048
- Department of Health Services, Division of Quality Assurance, P.O. Box 2969, Madison, /wi 53701-2969 or call toll free 1-800-642-6552 or 608-266-0371
- Call your State Health Insurance Assistance Program (SHIP) for help with questions about appeals, buying a Medigap policy, and Medicare rights and protections. The SHIP program is a State program that gets money from the Federal Government to give free local health insurance counselling to people with Medicare. Your can find there number by visiting www.medicare.gov on the web, under "Search Tools", select "Find helpful phone numbers and websites". Or call 1-800-MEDICARE (1-800-633-4227) to get their telephone numbers. TTY users should call 1-877-486-2048.
- State contact representatives (800) 242-1060
- Contact person
  The name and address of the person you can contact for further information concerning our privacy practice is:

THIS NOTICE IS EFFECTIVE ON FEBRUARY 1, 2020

Spectrum Pain Clinics

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Print Patient Name: ______________________________

Patient Date of Birth: ______________________________

Patient or Guardian' s Signature: ______________________________

Date: ______________________________