

**WELCOME!**

**Your appointment is scheduled on:**

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**Please arrive 15 minutes prior to your appointment and bring the following:**

- 1. Completed New patient packet**
- 2. Insurance Cards & Picture ID**
- 3. Current medication list**
- 4. CD or Disc's of Images (MRI, X-rays, CT scan, ect)\*\***

**If you have any questions, please call our office at 615-550-8500. Looking forward to meeting with you!**

**Sincerely,**

**Vertex Spine & Pain**

**100 Covey Drive Suite 103**

**Franklin, TN 37067**

## What do I expect from Vertex Spine & Pain?

Dr. Rupert is a multi-boarded physician of Interventional Pain Medicine. Dr Rupert will first seek to solve problems, but will help patients tolerate their pain if a clear solution is not found. It is common for VSP to develop successful treatment solutions, even after patients feel they have exhausted all available options. We believe in a balanced or multi-modal approach to treating chronic pain.

All new patients are expected to undergo an initial treatment evaluation by Dr. Rupert. He will develop an individualized strategy to clearly define and treat the problem. This may take more than one visit to gather all the necessary data. Routine follow-up visits and medications will be handled by our physician assistant. All medication regimens will be guided by Dr. Rupert. New problems will be directly overseen by Dr. Rupert.

## Expect Dr. Rupert to personally evaluate your IMAGING?

It is very important for you to bring your imaging or verbally confirm with Katelyn that we have access to your imaging. We have access to Williamson Medical Center and Premier Radiology. We **DO NOT** have access to any imaging at Vanderbilt affiliates. If in doubt, bring what you have. We will not keep these.

## Why is Dr. Rupert frequently discussing injections?

Dr. Rupert's expertise is finding specific anatomic structures that are causing your pain. You may have been told your pain is due to "degenerative disease" but this doesn't clearly show what needs to be treated. Imaging is helpful to define suspected targets but does not show or measure pain. Only targeted injections or corrective treatment (i.e. surgery), can clearly define a structure as a cause of pain. This is only determined if the treatment reduces or fails to reduce the problem. Targeted injections are a low risk, reversible way to define why you hurt.

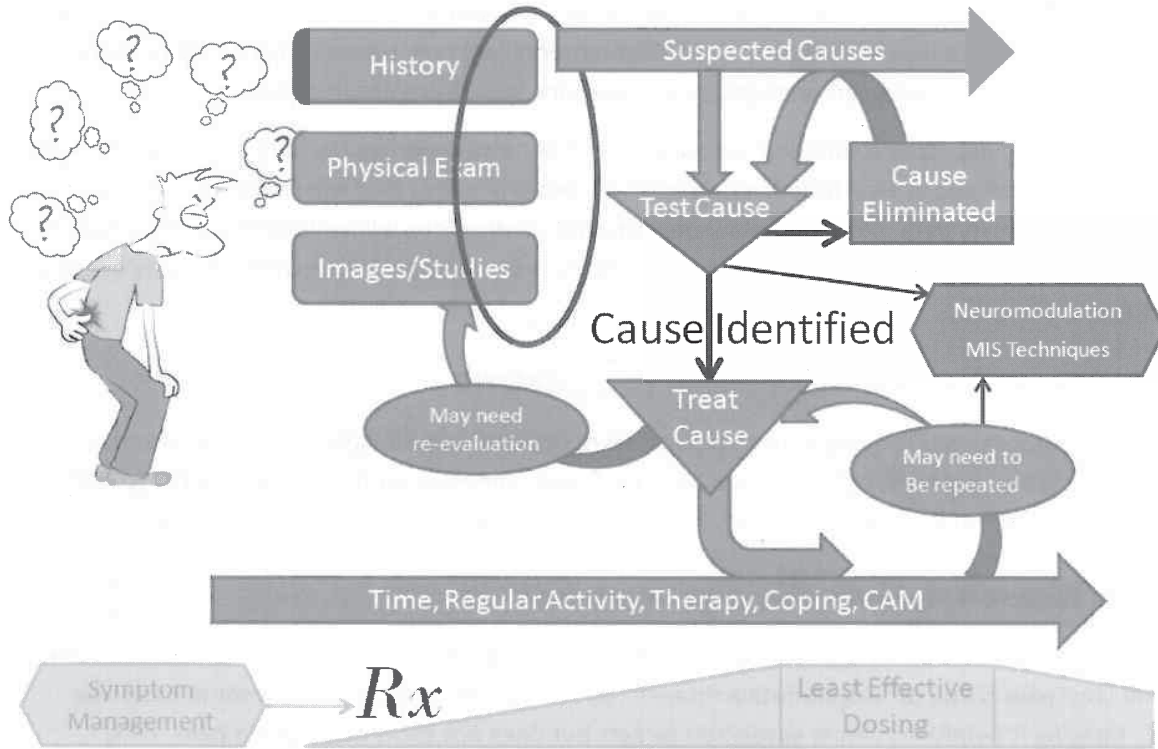
## What is **Interventional Pain Medicine**?

IPM is defined as the discipline of medicine devoted to the diagnosis and treatment of pain-related disorders, principally with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatment. The cause of pain should be clearly defined to optimize treatment.

## What is Pain Management?

PM is the treatment of symptoms (of pain); often without clear understanding of the problem, the goals of treatment or the duration of therapy. All medical providers provide pain management. Treating an ankle sprain with ice, anti-inflammatories and therapy until the body heals is an example of pain management. In the public eye, PM often implies chronic treatment with narcotic pain killers.

# Interventional Pain Medicine



## What is Balanced or Multi-modal Pain Medicine?

This medical approach looks at chronic pain as a complex problem which requires a balance to many areas of one's life. Although we are a provider of interventional therapies and medications optimization, VSP does not provide the all foundations for a long term successful treatment strategy.

## What are the Foundations for Long Term Success?

**Foundation #1 - Emotional Well-Being** - This is the most important base for long term success. Realistic expectations, coping with pain and being proactive in one's care are signs of success. Relying on a pill for mood is rarely the answer. We have several pain psychologists we work with who help people every day. Please notify any staff member if we have not discussed your options with you.

**Foundation #2 - Physical Well-Being** - This is number two. It includes nutritional and physiologic health. Sedentary activity for fear of hurting is an interaction of both #1 and #2. Poor diet and bad habits such as smoking are also examples.

**Foundation #3 - Accurate Diagnosis** - Well-developed injection algorithms are *indispensable* to identifying and treating many non-muscular causes of chronic pain.

**Foundation #4 - Practical Medication Use** - This is the least likely to provide long term benefit in treating chronic pain. We will focus on least effective dosing and simple medication regimens. Chronic opioids have their merits but opioids with morphine equivalent to 40mg Morphine per day are linked to **increased risk of death** (comparable to 40mg hydrocodone).

## What do I expect regarding chronic medications for my pain?

We can and usually recommend we take over writing narcotic prescriptions. Complex medications for headaches and visceral pain are not typically transferred to our care. Our goals in treatment are symptom management but this will be done with within the bounds of safe and reasonable medical practice. We WILL USE labs to optimize use and minimize harm. All expectations of medication use should be very clear to you. If not, *be sure to ask for clarification*. We strive for *least effective dosing* and *simplification* because most medications for pain lack scientific evidence of long term benefit.

## I think my medication is controlling me?

Dependency on pain medications is common. Although they can be useful tools, long term use is challenging for patient and provider. Increased dosing does not necessarily provide better results. Sometimes medication weaning or holidays can provide good insight into how much they actually help. Our goals are simplification and optimization, not elimination, complexity or dependence. *If you have concerns, please ask, you may be surprised!*

### **What is a diagnostic injection?**

A diagnostic injection is a tool to clearly identify an underlying anatomic pain generator. This is the benefit achieved in the first few hours after injection. If there is 70% relief of your original pain, that structure is felt to be the major cause. Duration of relief after this is not predictable.

### **What is a therapeutic injection?**

A therapeutic injection is a tool to treat an underlying process or a specific anatomic structure (identified by a diagnostic injection). This may involve the use of a steroid or cauterizing a neural pathway. These are the tools to provide long term relief. Ideally these provide a stepping stone to improved function. It is expected these can be repeated but the duration of benefit is unpredictable.

### **What is Vertebroplasty or Kyphoplasty?**

Vertebral augmentation is a process of stabilizing spinal fractures via a percutaneous needle technique. The typical causes are osteoporosis and cancer. Osteoporotic fractures should heal with time, but augmentation can successfully treat those not responding to conservative care.

### **What is Neuromodulation?**

Neuromodulation is the use of implantable therapies to treat chronic pain for which there are not simpler alternatives. These are often very effective for chronic nerve pain when nerve blocks confirm the problem but are not therapeutic. Implantable pain pumps are very effective for cancer pain.

### **What is Minimally Invasive Surgery (MIS)?**

This is the use of percutaneous tools used like needles to remove soft tissue such as disc or scar tissue around nerves. Endoscopic discectomy is an example. Please ask for more details.

### **What is the RACZ procedure?**

This is an MIS technique developed by Gabor Bella Racz, MD whom Dr. Rupert trained under. This is ideally suited for patients with post-surgical scar tissue causing radiating extremity pain. Although this can be very effective in the right hands, it is not always covered by insurances. Please ask for details.

### **What is Regenerative Medicine?**

This is the use agents being delivered to the site of tissue damage to promote an environment for nature healing. This is the forefront of treating degenerative disease but is in its infancy. PRP, mesenchymal stem cells and amniotic allograft are a few examples. Please ask for more details.

### **What is STAR Tumor Ablation?**

This is a technique to successfully treat pain caused from invasive spinal tumors. This can be used in conjunction with kyphoplasty, radiation therapy and chemotherapy.



# VERTEX SPINE & PAIN

## Advances in Neuromodulation

Welcome and thank you for choosing our practice for your healthcare needs. To help us provide you with exceptional care and to ensure proper response from our office, please fill out the following information.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
City, State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Sex: M F Marital Status: Single Married Widowed

Preferred language: \_\_\_\_\_ Race: \_\_\_\_\_

**Ethnicity (Please Circle One):** Cuban, Mexican, Puerto Rican, Hispanic/Latino, Non-Hispanic/Latino, Declined to Disclose

Employer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone# \_\_\_\_\_ Location: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_ Phone# \_\_\_\_\_ Location: \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ Co-pay amount \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ Co-pay amount \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship to patient \_\_\_\_\_

\*If you have a third insurance please turn over page and write information there.

I understand and agree that I will be responsible for payment of any and all services rendered by Vertex Spine and Pain and authorize the release of any diagnosis or records of treatment to my insurance(s) to support any medical claims made. I also authorize my insurance(s), to make payment directly to Vertex Spine and Pain for service rendered. I certify that the information above is true and correct. Should my account be forwarded to an outside collection agency, I agree to pay all collection fees and/or attorney fees incurred.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**VERTEX SPINE & PAIN**  
Advances in Neuromodulation

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

What do you want to focus on to help your pain today? [ ] Medications [ ] Procedure

Is there a specific question you want addressed today? \_\_\_\_\_

Where is the **one** area of pain you want addressed today? \_\_\_\_\_

Does this pain radiate? \_\_\_\_\_ If so, where? \_\_\_\_\_

Circle all that apply:

Quality of pain: Dull/Aching Throbbing Spasm Swollen numb/tingling burning lightning zinger

Severity of pain: mild moderate moderate-severe severe tolerable intolerable

Duration of pain: days or weeks months years

The problem is worse with: sitting twisting walking exercise emotions standing lifting driving cold heat  
sneeze bending raising arms lying bowel movement other: \_\_\_\_\_

The problem is improved by: lying bending ice exercise therapy sitting bracing mediation heat relaxation  
other: \_\_\_\_\_

The problem interferes with: sleep work relationships activities of daily living

The problem makes me feel: frustrated depressed angry hopeless

Activities which medications help me to achieve: chores walking working yard work sports family activities

Medications prescribed by Vertex:

Medication Name	Dose	Directions	Refill needed

Is this a Work Comp Claim? [ ] Yes [ ] No

Is your pain related to a car accident? [ ] Yes [ ] No

**Mark the drawing of your worst pain's location:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Pain Scale & Review of Symptoms

**Your Pain:**

My <b>current</b> pain is...	No pain	0	1	2	3	4	5	6	7	8	9	10	Extreme Pain
During the <i>past week</i> , the <b>best</b> my pain has been is...	No pain	0	1	2	3	4	5	6	7	8	9	10	Extreme Pain
During the <i>past week</i> , my <b>Worst</b> pain has been...	No pain	0	1	2	3	4	5	6	7	8	9	10	Extreme Pain
During the <i>past month</i> , my <b>average</b> pain has been...	No pain	0	1	2	3	4	5	6	7	8	9	10	Extreme Pain

**Check if you are CURRENTLY having any of the following:**

Constitutional:	<input type="checkbox"/> unintentional weight loss	<input type="checkbox"/> unintentional weight gain	<input type="checkbox"/> Fever _____	<input type="checkbox"/> Chills/Night Sweats	<input type="checkbox"/> fatigue
Eyes:	<input type="checkbox"/> visual changes	<input type="checkbox"/> double vision	<input type="checkbox"/> eye pain	<input type="checkbox"/> redness/watering	
Cardiovascular:	<input type="checkbox"/> chest pain	<input type="checkbox"/> palpitations	<input type="checkbox"/> loss of consciousness	<input type="checkbox"/> murmur	
Respiratory:	<input type="checkbox"/> new cough	<input type="checkbox"/> wheezing	<input type="checkbox"/> coughing up blood	<input type="checkbox"/> shortness of breath	<input type="checkbox"/> snoring
Gastrointestinal:	<input type="checkbox"/> blood in stool or vomit	<input type="checkbox"/> incontinence of stool	<input type="checkbox"/> nausea or vomiting	<input type="checkbox"/> constipation	<input type="checkbox"/> heart burn
Genitourinary:	<input type="checkbox"/> urinary incontinence	<input type="checkbox"/> retention	<input type="checkbox"/> blood in urine	<input type="checkbox"/> pain with urination	<input type="checkbox"/> urgency/frequency
Musculoskeletal:	<input type="checkbox"/> stiffness	<input type="checkbox"/> joint pain/swelling	<input type="checkbox"/> cracking or popping joints	<input type="checkbox"/> abnormal range of motion	<input type="checkbox"/> muscle pain
Integumentary:	<input type="checkbox"/> new rash	<input type="checkbox"/> wound or lesion	<input type="checkbox"/> new mass	<input type="checkbox"/> poor healing	<input type="checkbox"/> other skin changes:
Neurological:	<input type="checkbox"/> new numbness	<input type="checkbox"/> new weakness	<input type="checkbox"/> poor balance	<input type="checkbox"/> new speech disturbance	<input type="checkbox"/> seizures
Psychiatric:	<input type="checkbox"/> suicidal thoughts	<input type="checkbox"/> depression	<input type="checkbox"/> anxiety	<input type="checkbox"/> hallucinations	<input type="checkbox"/> nervousness
Endocrine:	<input type="checkbox"/> heat intolerance	<input type="checkbox"/> cold intolerance	<input type="checkbox"/> excessive thirst or urination	<input type="checkbox"/> uncontrolled high blood pressure	
Hematologic/Lymphatic:	<input type="checkbox"/> free bleeder	<input type="checkbox"/> use of anticoagulants	<input type="checkbox"/> bruising	<input type="checkbox"/> known liver disease	
Allergic/Immunologic:	<input type="checkbox"/> new allergic response to medication	<input type="checkbox"/> new allergic response to other			
ENT:	<input type="checkbox"/> bleeding from nose or mouth	<input type="checkbox"/> difficulty swallowing	<input type="checkbox"/> loss of hearing	<input type="checkbox"/> ringing in ears	<input type="checkbox"/> sore throat
Medication Use:	<input type="checkbox"/> using pain medications to make pain tolerable	<input type="checkbox"/> has tolerable side effects to medication use	<input type="checkbox"/> having intolerable side effects to medications		





## Oswestry Disability Questionnaire

Please choose **ONE** out of the following that best describes you.

### **Pain Intensity...**

- I have no pain at the moment.
- The pain is very mild at the moment
- The pain is moderate currently
- The pain is fairly severe currently
- The pain is very severe currently
- The pain is the worst imaginable currently

### **Personal Care**

- I can look after myself without extra pain
- I can look after myself with extra pain
- It is painful to look after myself, I am slow & careful
- I need some help but can manage mostly myself
- I need help every day in most aspects
- I don't get dressed, I wash with difficulty & stay in bed.

### **Lifting**

- I can lift heavy weights without pain
- I can lift heavy weights but it gives me extra pain
- Pain prevents me lifting heavy weights off the floor but I can manage them otherwise
- Pain prevents me from lifting heavy weights but I can manage light or medium weights.
- I can only lift very light weights
- I cannot lift or carry anything

### **Walking**

- Pain does not prevent me from walking any distance
- Pain prevents me from walking more than 1 mile
- Pain prevents me from walking more than 1/2 mile
- Pain prevents me from walking more than 1/4 mile
- I can only walk using a stick or crutch
- I am in bed most of the time

### **Sitting**

- I can sit in any chair as long as I want
- I can only sit in my favorite chair as long as I want
- Pain prevents me from sitting more than 1 hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting 10 minutes
- Pain prevents me from sitting at all

### **Standing**

- I can stand as long as I want without extra pain
- I can stand as long as I want with some pain
- Pain prevents me standing more than 1 hour
- Pain prevents me standing more than 30 minutes
- Pain prevents me standing more than 10 minutes
- Pain prevents me standing at all

### **Sleeping**

- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- I sleep less than 6 hours because of my pain
- I sleep less than 4 hours because of my pain
- I sleep less than 2 hours because of my pain
- Pain prevents me from sleeping at all

### **Social Life**

- My social life is normal and gives me no extra pain
- My social life is normal but increases my pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of my pain

### **Traveling**

- I can travel anywhere without pain
- I can travel anywhere with extra pain
- Pain is bad but I manage journeys of 2 hours
- Pain restricts me to journeys less than 1 hour
- Pain restricts me to journeys less than 20 minutes
- Pain prevents me from traveling except for treatment

### **Employment and Homemaking**

- My normal job activities do not cause pain
- My normal job activities increase my pain, but I can still perform what needs to be done
- I can perform most of my job activities, but pain prevents me from physically rigorous ones
- Pain prevents me from doing anything but light duties
- Pain prevents me from doing even light duties
- Pain prevents me from doing any job activities



**Prior Therapies:** Check all that apply

**Adjuvant Therapy:**     Regular Exercise     Physical Therapy     Chiropractic     Acupuncture

Tens Unit     Bracing

**Evaluation:**     Primary Care     Neurology     neurosurgery     Orthopedics     Pain Management

Rheumatology     Other MD or surgeon:

**Imaging:**     Xray: \_\_\_\_\_     MRI: \_\_\_\_\_     CT scan: \_\_\_\_\_

Ultrasound: \_\_\_\_\_     PETscan

**Other tests:**     Lumbar Puncture     EEG of brain     NCV/EMG of nerves     Other: \_\_\_\_\_

**Injections:**     Epidurals     Nerve blocks     sympathetic blocks     Facets     other: \_\_\_\_\_

**Surgery:**     neurosurgery     Orthopedics     Other \_\_\_\_\_

**Medications:** Circle all that apply

Over the counter medications:	Ibuprofen   Naproxen   Tylenol   Aspirin
Prescription NSAIDS:	Etodolac   Diclofenac   Ketorolac   Indocin   Celebrex
Anti-Depressants:	Elavil   Pamelor   Cymbalta   Effexor
Antispasmodics:	Baclofen   Tizanidine   Flexeril   Skalexin   Robaxin   Klonipin
Anti-Epileptics:	Neurontin   Lyrica   Topamax   Tegratol   Trileptal   Klonipin
IR Narcotics:	Ultram   Hydrococone   Oxycodone   Codeine   Morphine   Oxymorphone Nucynta
ER Narcotics:	MS Contin   Duragesic   Butrans   Oxycontin   Opana   Exalgo   Methadone
Other: write in other meds:	

Treatment Expectations: <input type="checkbox"/> Medications <input type="checkbox"/> Functional Rehab (PT) <input type="checkbox"/> Injection <input type="checkbox"/> Behavioral Counseling <input type="checkbox"/> Alternative	
Do you expect narcotics as a tool to help manage your pain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you expect Vertex to manage/prescribe these while we identify sources of your pain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Psycho Social Questions:</b>	
Are you age 16-45?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had treatment in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been treated for depression?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other psychologic disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had adolescent sex abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently being treated for this?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have suicidal thoughts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a family history of alcohol abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Illicit drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prescription Drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No



# VERTEX SPINE & PAIN

Advances in Neuromodulation

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## Privacy Practices Acknowledgment Form

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- obtain payment from third party payer.
- conduct normal healthcare operations such as quality assessments and physician certifications.

I have been given the right to review such notice of privacy practices prior to signing this consent.

I understand that this organization has the right to change its notice of privacy practices from time to time and that I may contact this organization at any time to obtain a current copy of the notice of privacy practices.

I understand that I may request in writing limited access to my records and that I may restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I understand that doing so may result in Vertex Spine and Pain discontinuing its relationship with me and that I will need to seek care from another source. I also understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on the consent.

I further understand that you may contact me by telephone to remind or notify me of appointments.

This clinic is considered an interventional pain medicine clinic. Our focus is on identification and treatment of anatomic source of pain through minimally invasive therapies. We sometimes provide ongoing pain medication (such as narcotics) to treat chronic pain. Pursuant of Tennessee Chapter No. 340 and Department of Health Chapter 1200-34-01, strict processes and procedures will be followed. I understand it is my responsibility to understand these or to voice questions at this time.

Please list the names of any person(s) that we may discuss your medical and/or billing records with:

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**Printed Patient Name**

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**Date of Birth**

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**Signature of Patient**

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**Date**



# VERTEX SPINE & PAIN

Advances in Neuromodulation

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*Focusing on non-operative and peri-operative options for pain control!*

I authorize the release of all medical records maintained by VERTEX SPINE & PAIN, which relate to service I have received from, or results of tests ordered by VERTEX SPINE & PAIN. These records may be released as needed for my care, for the processing of insurance claims, to satisfy the requirements of a managed care organization of which I am a member, and/or to my attorney regarding pending or anticipated litigation under a worker's compensation, motor vehicle accident, and/or third party liability claim.

\_\_\_\_\_  
**Patient or Guardian Signature**

\_\_\_\_\_  
**Date**

I allow VERTEX SPINE & PAIN to utilize the phone numbers I have provided to convey any information regarding my care to any messaging person or system, voicemail and/or answering machine.

\_\_\_\_\_  
**Patient or Guardian Signature**

\_\_\_\_\_  
**Date**

I authorize the use of Faxing or Email to send my information to myself or to other parties that have a right to receive my information. I understand that every effort is made to protect my privacy; however, no absolute privacy guarantee is given when Fax or Email is used.

\_\_\_\_\_  
**Patient or Guardian Signature**

\_\_\_\_\_  
**Date**

I understand it is my right to request limited access to my records and to withdraw permission for the release of my recorded. I understand that this request must be in writing and that limiting or withdrawing my permission may result in VERTEX SPINE & PAIN discontinuing its relationship with me and that I will need to seek care from another source.

\_\_\_\_\_  
**Patient or Guardian Signature**

\_\_\_\_\_  
**Date**

I have elected not to keep a copy of VERTEX SPINE & PAIN notes of Privacy Policy form my own records.

\_\_\_\_\_  
**Patient or Guardian Signature**

\_\_\_\_\_  
**Date**



# VERTEX SPINE & PAIN

## Advances in Neuromodulation

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### Credit Policy Statement

**All non-covered services and co-pays are payable at time of service.**

Fees for provided services not paid for at time of service are due and payable within 60 days. You will receive a statement each month for any unpaid balances. **We will charge a \$25 service fee for all returned checks.**

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 doctor's bill is an agreement between you and your physician. Our fees may be more or less than the payment schedule used by your insurance carrier. You are personally responsible for full payment of fees, regardless of any insurance company's arbitrary determination of Usual & Customary. Our physicians are "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 subscribe 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 deductible amounts as stated per your contract.

If your insurance requires that a referral is necessary, it is your responsibility to obtain one from your primary care physician PRIOR to their appointment. We reserve the right to refuse service to any patient who does not have a valid referral in our office at the time of their appointment. Many of the services that our office provides requires pre-authorization and we ask that you be patient with our office in obtaining this authorization. We reserve the right to charge any patient **\$25 fee if they fail to give at least a 24 hour cancellation notice.** This fee must be paid by the patient regardless of insurance. Extended payment plans can be arranged through our billing office and are on a needs-based scenario.

#### Urine Drug Test

- I voluntarily consent to the collection and testing of my urine specimen (the "Specimen"). I certify that the Specimen consists of my own fresh and unadulterated urine.
- I certify the accuracy of the information I have provided VERTEX SPINE & PAIN, including the information on the Specimen bottle's label.
- I hereby request that My Insurer make payment either to me or, on my behalf, to Northwest Physicians Laboratories, LLC (NWPL) for the urine drug testing services furnished to me by my VERTEX physician.

#### Medication

- I acknowledge that my VERTEX physician has prescribed a medication to treat my pain.

#### Disclosure of Financial Interests

I acknowledge I may receive laboratory services from NWPL, compound RX services from Choice RX, &/or outpatient surgery services from CSSC or Spine & Pain Physicians Surgery Center. I understand Dr. Matthew Rupert has financial interest in these facilities. I understand that I may use an alternative facility of my choice. The following is a list of effective alternative facilities for treatment:

**Alternative Laboratory**  
Millennium Laboratories  
San Diego, CA 92127  
877-451-3534

**Alternative Compound RX service**  
DermaTran Health Solutions  
Phone: 855-675-5210  
[www.DermaTran.com](http://www.DermaTran.com)

**Alternative Outpatient Surgery Center**  
Williamson Medical Center  
4321 Carothers Parkway Franklin, TN 37067  
615-435-5000

#### Payment of Out-of-Network Providers

- I understand the above facilities may not be members of my insurer's network and I am financially responsible for all charges, whether or not paid by My Insurer.
- If my insurer provides a check to me in payment for the services described above, I shall endorse the check and forward it to the appropriate facility within 30 days of receipt. I understand my failure to do so could result in my account being forwarded to a collections agency and reported to a credit bureau.

*This Authorization and Assignment shall remain effective until revoked by me in a writing addressed to Vertex. A photocopy of this Authorization and Assignment shall be as valid as the original.*

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_