NOVA INTERVENTIONAL
PAIN AND SPINE

TERMS AND CONDITIONS

First & Last Name : _____ Date of Birth: _____

Thank you for choosing Nova Interventional Pain and Spine for your care.

The following guidelines explain our treatment policy. Please read carefully and sign below to indicate you understand our treatment guidelines.

• Opioids will not be prescribed at your first clinic visit. No exceptions.

• No prescription refills will be given for missed appointments.

• By accepting an appointment with our clinic, you give permission for Nova Interventional Pain and Spine to request all pharmacy records from the pharmacy and state database as deemed necessary including the Virginia Pharmacy Monitoring Program (PMP).

• Scheduled appointments must be canceled 48 hours in advance to avoid a 50$ No Show Fee for follow ups and a 75$ No Show Fee for new patients or procedures.

• We require payment in full for items such as copies of your medical records.

• For Work-Related Accounts: Prior to your visit, your employer or their worker's compensation insurance company must call the office to establish your injury or occupational disease as a recognized work-related problem. Prior to your visit, if your medical services need to be filed with a third party liability policy this information is required to be provided to our office with the ability to confirm the policy coverage. Without this confirmation, your account will be handled as a Personal Account with current terms.

• In the event your account will be paid as part of a settlement, you agree that we are to be paid from the first proceeds of the settlement.

• Please bring all medications you are currently taking in the original bottles dispensed by your pharmacy.

• Please bring all diagnostic films with you to the appointment, including both written results and hard copies if possible.

Your appointment(s) will be rescheduled if:

• You do not bring your completed Patient Medical History Form to your first appointment.

• You do not have a current photo ID. This may be a current driver's license or photo ID provided by the DMV.

• If you arrive after your scheduled appointment time.

My signature below represents that I have read and understand the treatment guidelines of Nova Interventional Pain and Spine. I also agree to make available information required and necessary for the clinic to file insurance claims on my behalf.

_____ _____

Patient or Parent/Legal Guardian Signature Date

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AUTHORIZATION FOR RELEASE

Nova Interventional Pain and Spine
19450 Deerfield Ave, Suite 280
Lansdowne, VA 20176

I authorize Dr. Anil Chenthitta to request and receive from the Virginia Department of Health Professions any and all records held by the Department related to Schedule II-V controlled substances dispensed to the patient named above. I understand that this authorization permits the Department of Health Professions to disclose confidential health care records to the prescriber named above. A copy of this authorization shall be included with my original records. There is a potential for any information disclosed pursuant to the authorization to be subject to re-disclosure as permitted or required by law.

I understand that, if not previously revoke, this consent will expire one year after the date of my signature unless otherwise specified.

_____ _____

PATIENT'S SIGNATURE DATE

_____ _____

WITNESS DATE