



Thomas P. Miller, M. D. John “Rett” Blake, III, M. D.
Robert R. Sciulli, Jr., PA-C Elizabeth L. Pope, FNP-C

WELCOME TO SPM!

Our staff is dedicated to evaluating and treating people with severe and disabling pain. The goal of pain management is to diagnose and treat persistent pain through the use of medications therapy, interventional techniques, and psychological support.

In order to render a thorough evaluation, it is necessary that we have this new patient paperwork **completed**, all reports on x-rays, MRI's, CT scan, Myelogram, and EMG/NCV reports pertaining to your pain. **Please remember to bring all your medications (prescribed and over the counter) in the bottles they came in and your insurance card(s) to your first appointment. For each office visit, after the first one, please bring your pain medications in the bottles they came in and your insurance card(s).** If this information is not received, it could result in us rescheduling your appointment. Also please be aware that you **may or may not** be given pain medications at your first visit.

We participate with many insurance networks and your benefits will be verified before your appointment date. You will be responsible for any deductible or co-pay. **Please be prepared to pay any co-pay or deductible that is due at the time of each visit.** However, if you have any questions about your benefits or our participation with your insurance, you can call your insurance carrier and they will let you know if Dr. Miller is a participating provider. If a PCP referral is required by your insurance company, it is **your responsibility** to obtain the PCP referral and it must be received in our office before you will be scheduled for an appointment. Additional referrals will also be the **patient's** responsibility and should be received 3 days before your scheduled appointment.

Please give a **48 hour** notice if you will be unable to keep your appointment. **We also ask that you contact the office to confirm your appointment the last business day before you are scheduled. If SPM can not confirm your appointment, the appointment may be rescheduled.** Plan to spend approximately **two hours** on your first visit, as it involves a very extensive evaluation through interviews, physical examination, and appropriate testing.

Sincerely,

SPM Scheduling

2339 McCallie Ave Suite 309 Chattanooga, TN 37404
Phone: 423-698-0850 Fax: 423-698-0511
www.thepaindoctor.com



How did you hear about Specialist in Pain Management?

Phone Book Another Patient TV Radio Health Fair Internet Other: _____

Patient Information		Health Insurance Information	
Name:		Primary Insurance Carrier:	
Home Address:		Insurance Carrier's Telephone #:	
City:	State: Zip Code:	Policy #:	
Home Telephone #:		Group#	
Cellular Telephone#:		Insured's Name:	
Email Address:		Insured's Date of Birth:	
Social Security #:		Insured's Social Security #:	
Date of Birth:	Age:	Relationship to Patient:	
Marital Status:			
Sex: Male or Female		Secondary Insurance Carrier:	
		Insurance Carrier's Telephone #:	
Primary Care Physician			
Name:		Policy #:	
Address:		Group#	
City:	State: Zip Code:	Insured's Name:	
Telephone #:		Insured's Date of Birth:	
		Insured's Social Security #:	
Patient's Occupation			
Employer:		Relationship to Patient:	
Address:			
City:	State: Zip Code:	Is this an automobile accident case? YES NO	
Telephone #: Ext #:			
In Case of Emergency, Notify:			
Name:		Is this a workman's compensation case? Yes No	
Relationship to Patient:		If yes to either question, provide the following:	
Home Address:		Case #:	
City:	State: Zip Code:	Date of Injury:	
Home Telephone #:		Case Manager's Name:	
Cellular Telephone#:		Case Manager's Telephone #:	

I hereby certify that the above information is correct and complete to the best of my knowledge, and that I personally will be held financially responsible for any medical services provided which have been denied due to lack of coverage or inability to identify the patient and/or subscriber in the insurance carrier's system.

I hereby further authorize Specialist in Pain Management to release any and all private healthcare information (PHI) to my consulting physicians, referring physicians, primary care physicians or any other physician involved in or potentially involved in my medical care.

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Signature of Patient or Guarantor

Date



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Financial Policy for Specialists in Pain Management

The information in this financial policy is meant to educate the patients of the requirements regarding payment for services rendered. If you have any questions please feel free to speak to the office manager.

Insurance and demographic information

Please notify our staff if you need to update your demographic or insurance information at each visit. We will need a copy of your insurance card if there are any changes. SPM asks that you let us know if there are any changes in name, address, phone, or insurance. If so, it will be necessary to complete a new patient information form. If we do not get the correct insurance information and your claim for service is denied you will be responsible for the entire amount due. You will then need to work with your insurance company to get reimbursed for what you have paid to SPM. It will also be required to update a patient information form and insurance information every year. This gives SPM permission to bill your insurance and release information to your insurance company in order to get payment for services rendered and to continue treatment.

What Payment is required?

You will be required to pay for any co-pays or deductibles not met at each office visit. If you do not have insurance you will be required to pay the full amount due at each visit.

Forms of payment

We accept cash, check, check card, money order, cashiers check, visa, master card, & discover card. We also offer Capital One HealthCare Financing.

Broken appointment charge and policy.

There is a \$25.00 charge for appointments not cancelled 24 hours before the scheduled appointment time. This must be paid before the patient is seen at the next office visit along with any applicable co-pay. Insurance does not pay for this charge and it will not be billed to them.

Patient is responsible for total charge. We do not look to a third party for payment.

As a courtesy to our patients, we will gladly file a claim to your insurance carrier. However, if the insurance company does not pay your claim, in a timely manner, you are responsible for any amount due. The insurance you carry is a contract between you and your insurance carrier and SPM is not a party to the contract. We will be glad to assist you to get the full benefit of your insurance.

Medicare

We do accept Medicare assignment and agree to comply to the agreement of such, however you will be responsible for any deductible or coinsurance, if you do not have a supplement to your medicare coverage.

Office policy on insurance assignment.

We will verify your insurance to be sure you have coverage for pain management or any procedures before your appointment and periodically afterwards to be sure you coverage is active. We will collect your deductible and co-pays as appropriate. We will file a claim to your insurance company on your behalf, however please understand this is done as a courtesy to our patients and if the insurance does not pay the claim the patient becomes responsible for any unpaid balance due for services rendered. If we are not on the network for your insurance carrier you will be notified before your visit and you will be responsible for payment in full or an estimated amount that is not covered if you have out of network benefits.

Fees due if your account is sent to collections

You will be responsible for any collection fees and/or attorney fees in the event your account is turned over for collections. This amount will be up to 50% of the amount due in addition to your balance. If your account is turned over to collections you will be dismissed from SPM and referred back to your primary care physician. You will not be able to return to SPM until proof of the entire amount owed is paid in full.

Fee for random drug screens

SPM does perform random drug screening which may or may not be covered by your insurance company. This is required in order to remain a patient with SPM. This is also a practice that is required when a patient is given schedule II opioids. If your insurance does not cover this service you will be receiving a bill from AIT Labs. If there is a question about this charge you will need to contact the phone number on your AIT statement. SPM does not bill for the UDS or any lab work at this time.

If you are referred to another specialists or provider

If you are referred for treatment to another provider, for continuum of care, please understand that you will be billed separately by that provider and/or facility. It is ultimately your responsibility to make sure that provider is on your insurance network. If the provider is not you should call your insurance company and get a list of providers that are on your network and we will refer you to a different provider that is covered by your insurance.

Charge for insufficient funds check

If a patient writes a check that is returned unpaid by the bank there will be an additional charge of \$30.00, which is due before that patient is seen again. No checks will be accepted for 6 months from that patient if it is the first time a check is returned. If this is the second time the fee of \$30.00 must be paid before the patient is seen and we will no longer accept checks at all, the patient must pay by cash or money order, or credit card from that date forward.

Payment Arrangements & Interest Charges

If it becomes necessary for payment arrangements to be made on balances of coinsurance amounts due please see the billing staff to discuss this matter. If at any time your account becomes delinquent over 60 days and you have not made consistent payments every 30 days your account will be turned over to collections and you will be referred back to your primary care physician. Any balance over 90 days old will also have interest added to the balance due. The interest amount will be 1.5% monthly or 18% per year. In order to avoid this you may apply for a Capital One HealthCare Financing loan.

I have read and understand the financial policy of SPM. I agree to comply with the policy. I understand if I have any questions I can speak with the office staff or office manager.

Signature of Patient or Guarantor

Date

Print Name



Thomas P. Miller, M. D. John "Rett" Blake, III, M. D.
Robert R. Sciulli, Jr., PA-C Elizabeth L. Pope, FNP

General Release of Information

Patient's Name: _____

Patient's Address: _____

City, State, & Zip Code: _____

Telephone: _____ Cell: _____ Work: _____

Date of Birth: _____ Social Security Number: _____

I authorize the staff of SPM to contact me by:

____ phone number(s) listed above

____ by mail

____ to leave a message on my answering machine

____ to leave a message or verify my appointments with the following person or people:

1. _____ 2. _____

I designate the following person or people other than myself to pick up my prescriptions:

1. _____ 2. _____

You are required to have a password that you will need to use each time you call to verify an appointment or to pick up a prescription. Anyone who calls on your behalf or picks up your prescriptions must have this password. You should give the designated people the password. You will also be required to show a picture ID if picking up a prescription. Please choose a password, but do not use your date of birth or social security number.

By signing this form I am acknowledging understanding and agree to use my password appropriately and give it to only the designated people listed above.

Signature of Patient or Guarantor

Date

My Password is: _____



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GENERAL INFORMATION QUESTIONNAIRE

Pain is a complex problem. It inflicts emotional, physical, and financial stress on patients and their families. No matter what type of pain you experience, it can affect every facet of your daily activities. Physical aspects of pain require special attention, as do medication and psychological components. This is why SPM uses a multidisciplinary approach for the management of pain. To assist SPM in this approach, the following questions must be answered.

We also require a copy of all imaging reports and records from physicians who have treated you in the past for your persistent pain. This may require you to come to the office and sign a release of information so that we can request these records.

Patient Name: _____
Referring Physician _____ **Phone:** _____
Referring Physician Address: _____

1. If female, are you pregnant? YES NO Are you nursing? YES NO
2. What is your living situation? Single Married Divorced Widowed Other: _____
3. Who has treated you for your pain in the past five years? Use additional paper if more space is required.

	Name	Date	Treatment given
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

4. Do you have anything implanted in your body? YES NO If so, please, explain.

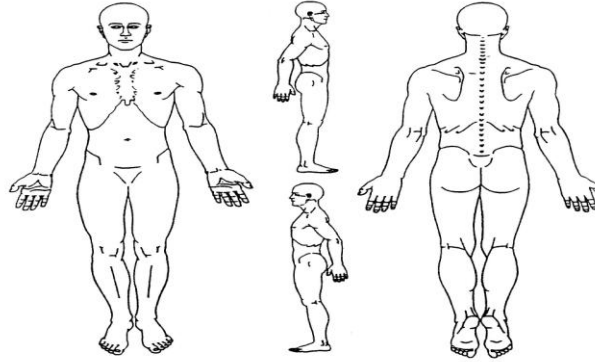
5. Do you take any medications that thin your blood? YES NO
 If so what is the name & dosage of the medication? _____
6. What activities do you perform every day on a regular basis to care for yourself?
 _____ Bathe _____ Grooming _____ Take medications _____ Shave
 _____ Get dressed _____ Fix meals _____ Shower _____ Other: _____
7. What activities do you do on a regular basis to care for your house, family, or others?
 _____ Laundry _____ Pay bills _____ Yard work _____ Prepare meals
 _____ Childcare _____ Mopping _____ Vacuuming _____ Sew _____ Dishes
 _____ Home maintenance _____ Shopping – grocery or other _____ Car maintenance
 _____ Help child(ren) with homework and hobbies _____ Other: _____
8. What activity do you want or need to participate in that you are unable to participate in now?
 (i.e. childcare, work, or hobby) _____
9. How long can you ride in the car at one sitting? _____ (i.e. minutes, hours)
10. Estimate how many miles you travel to our office (round trip) _____
11. List at least one hobby that you participate in weekly _____
12. On average, how many hours do you sleep each night? _____
13. Do you use medication to help you sleep? YES NO
14. How many hours do you spend napping or lying down during the day? _____
15. How often do you exercise? _____ None _____ Daily _____ 1-3 time per week

SPECIALISTS IN PAIN MANAGEMENT

YOUR NEXT APPOINTMENT DATE IS: _____ **AT** _____ **AM PM**

Name: _____ **Date:** _____

Please shade in the areas in which you have been receiving treatment for by Specialists in Pain Management. Please shade in all areas of referred pain also. (ex. Lower back and leg / neck and arm)



1. On a scale of 0 to 10, please circle the level of pain you are experiencing *right now*. 0 1 2 3 4 5 6 7 8 9 10

2. On a scale of 0 to 10, please circle the average pain level since your last office visit. 0 1 2 3 4 5 6 7 8 9 10

3. What activities do you perform better since you have been treated by Specialists in Pain Management? *Circle all that apply.*

- | | |
|-------------------|-----------------------------|
| Personal Hygiene | Childcare |
| Home Maintenance | Car Maintenance |
| Routine Housework | Shopping – grocery or other |
| Personal Finances | Lawn Care |

4. List at least one activity you have participated in since your last visit. Who did you perform this activity with?
(Example: went to Wal-Mart, church, etc.) _____

5. Do you drive? ___Yes ___No Can you drive while taking pain medicine? ___Yes ___No

6. On average, how many hours do you sleep each night? ___ Hours

7. Do you use medication to help you sleep at night? ___Yes ___No

8. How often do you nap or lie down during the day? _____

9. Have you had any changes to any medications you take on a daily basis? ___Yes ___No
If so, what has changed? _____

10. Do you feel you are more functional and have a better quality of life since starting your treatment with Specialists in Pain Management? ___Yes ___No

Please rate the quality of your pain. *Circle all that apply.*

Aching, boring/drilling, burning, cold, cramping, crushing, dull, gnawing, hot, itching, nagging, penetrating, pins and needles, pressure, raw sensation, sharp, shock-like, shooting, sore, stabbing, stinging, throbbing, tightness, other

Review of Systems Mark Yes or No for the following:

1. **Weight Loss** YES ___ NO ___ N/A ___
2. **Loss of Vision** YES ___ NO ___ N/A ___
3. **Chest pain or discomfort occurring with exercise** YES ___ NO ___ N/A ___
4. **Coughing up blood** YES ___ NO ___ N/A ___
5. **Fecal incontinence** (inability to control bowels) YES ___ NO ___ N/A ___
6. **Overflow incontinence** (unable to control your urine) YES ___ NO ___ N/A ___
7. **Poor wound healing** YES ___ NO ___ N/A ___
8. **Paralysis** (any body part) YES ___ NO ___ N/A ___
9. **Suicidal thoughts** YES ___ NO ___ N/A ___
10. **Unusual infections** YES ___ NO ___ N/A ___



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Soap Version 1.0

The following are some questions given to all patients at Specialist in Pain Management who are on or being considered for opioids for their pain. Please answer each question as honestly as possible. This information is for our records and will remain confidential. Your answers alone will not determine your treatment.

Please answer the questions below using the following scale: 0=Never, 1=Seldom, 3=Often, 4=Very Often

- | | |
|---|-----------|
| 1. How often do you have mood swings? | 0 1 2 3 4 |
| 2. How often do you smoke a cigarette within an hour after you wake up? | 0 1 2 3 4 |
| 3. How often have any of your family members had problems with alcohol or drugs? | 0 1 2 3 4 |
| 4. How often have any of your close friends had problems with alcohol or drugs? | 0 1 2 3 4 |
| 5. How often have others suggested that you have a drug or alcohol problem? | 0 1 2 3 4 |
| 6. How often have you attended an AA or NA meeting? | 0 1 2 3 4 |
| 7. How often have you taken medication other than the way that it was prescribed? | 0 1 2 3 4 |
| 8. How often have you been treated for an alcohol or drug problem? | 0 1 2 3 4 |
| 9. How often have your medications been lost, stolen, or used sooner than prescribed? | 0 1 2 3 4 |
| 10. How often have others expressed concern over your use of medications? | 0 1 2 3 4 |
| 11. How often have you felt a craving for medications? | 0 1 2 3 4 |
| 12. How often have you been asked to give a urine screen for substance abuse? | 0 1 2 3 4 |
| 13. How often have you used illegal drugs (example: marijuana, cocaine, etc.) | 0 1 2 3 4 |
| 14. How often, in your lifetime, have you had legal problems or been arrested? | 0 1 2 3 4 |

Please include any additional information that you wish about the above answers. Thank you.



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Directions to our office

From Knoxville

Take I 40 West to I 75 South towards Chattanooga . Take I-24 West towards Birmingham. Take the Belvoir Ave/ Germantown Rd exit 183A continue on North Terrace turn Right onto Belvoir Ave then turn left onto Brainerd Rd. Continue on Brainerd Rd and go thru the tunnels. Brainerd Rd will turn into McCallie Ave when you exit the tunnels. Continue straight and we are on the right side after you go over the bridge. You will see the Building numbers on the top of the buildings. We are on the right side of Parkridge Medical Center in Plaza Two.

From Nashville

Take I 40 east/I 65 south towards Huntsville/Knoxville. Take I 24 East/ I 40 east towards Chattanooga . Take exit # 178 onto Broad Street towards Chattanooga/Lookout Mountain continue on US 27 North, take ML King Blvd exit #1A towards downtown. Turn right onto West Martin Luther King Blvd continue on MLK Blvd which will turn into Bailey Ave at the Central Avenue intersection. Continue on Bailey Avenue turn left onto S Watkins Street then turn left onto McCallie Ave. We are on the right side of Parkridge Medical Center in Plaza Two.

From Atlanta

Take I 75 North/I 85 North towards Chattanooga/Marietta. Take I 24 west towards Chattanooga/Nashville. Take the Belvoir Ave/Germantown Rd. exit #183A continue North Terrace turn right onto Belvoir Ave then turn left onto Brainerd Rd. Continue on Brainerd Rd and go thru the tunnels. Brainerd Rd will turn into McCallie Ave when you exit the tunnels. Continue straight and we are on the Right side after you go over the bridge. You will see the building numbers on the top of the buildings. We are on the right side of Parkridge Medical Center in Plaza Two.

From Birmingham

Take I 20 East/I 59 towards Atlanta/Gadsden, merge onto I 20 East/I 59 North towards Gadsden, take I 24 east towards Chattanooga. Take exit #181 onto 4th Ave, turn left onto 4th ave. Turn Right onto E 23rd St. Turn left onto Dodds Ave. Dodds Ave will turn into Glennwood Drive at the intersection of McCallie Ave. Turn Left onto McCallie Ave. Stay in the Right lane and you will see Parkridge Medical Center on the Right. We are in Plaza Two Suite 309.



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Has an appointment scheduled with

_____ Thomas P. Miller, M. D. _____ John “Rett” Blake, III, M. D.
_____ Robert R. Sciulli, Jr., PA-C _____ Elizabeth L. Pope, FNP

ON

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ at _____ am pm

Please arrive at the scheduled time to avoid being rescheduled. Thank you.

Please make sure your paperwork is complete when you arrive for your appointment to avoid being rescheduled