

Patient Responsibility Agreement for Dr. Moran's Team

Welcome to the team! Dr. Moran and his team are dedicated to providing you the best treatment you can have for treating your pain. In order to prevent any misunderstandings or communication challenges, we are providing you with our guidelines explaining what we are expected to do for you, as well as what you are expected to do for yourself. Dr. Moran wants each of his patients to become an active participant in their health care and wellness, not a passive recipient!

Patient Responsibilities:

- Show up for appointments on time to allow for completion of paperwork, insurance verification, vital sign recording, urine samples, starting IV's, or anything else needed to be completed before the visit with Dr. Moran and/or his team.
- Notify Dr. Moran's team of any changes with insurance, address, phone number, or employment ASAP so we can maintain accurate records and contact you as needed.
- Follow the rules from the narcotic contract
- Treat Dr. Moran and his team with respect at all times even if there is a disagreement in treatment plans.
- Utilize only one pharmacy for filling controlled substances such as narcotics. If you change a pharmacy, you are to inform Dr. Moran of any change.
- Pay for services at time of visit. There is no delaying payments unless approved by Dr. Moran in very rare extenuating circumstances.
- It is your responsibility to notify us prior to appointment if your insurance has changed to avoid possibly being charged private pay patient fees.
- To expedite service of care, you may be treated by our physical assistant, Tarah Wood or nurse practitioner, Irene Coronado.
- Report any medication changes and/ medical history changes/ allergy changes to us at each visit so we can update our records.
- Research your meds, procedures, therapies, and anything else related to your plan to make sure you understand all your options, all the potential benefits, and potential risks/complications so you can monitor for any change in symptoms.
- Call to inform us if you must cancel an appointment or change an appointment ASAP, otherwise, there may be a cancellation fee of \$100 for office visit or \$200 for procedure visit. **Must call 5 business days prior to avoid 200.00 cx fee**
- ASK QUESTIONS! Any time you have new or changing symptoms or any concerns, please ask at your appointment so we can make sure everything is okay. If it is after hours and not urgent, please wait to call the next business day. If it is after hours and urgent, please call and page Dr. Moran.
- Your physical has an ownership interest in the following facilities that you may be referred to. Specialty imaging, Stone oak surgery center, CPM Lab, Paesanos imaging, Kalypso, Geneus and HMIG.

Dr. Moran and his teams Responsibilities:

- Treat everyone with respect at all times, regardless of any disagreement in treatment plans or social factors.
- Try to see every patient at their scheduled time or ASAP as we appreciate your time and schedule changes you are making to come see us.
- Educate each patient about their pain and treatment options at each visit. Communicate with each patient about their treatment goals to make sure each patient knows there are options; nothing is ever forced on a patient. This enables you to be an active participant in your health care and wellness as you and Dr Moran work to find a plan together. **YOU ARE IN CONTROL OF YOUR HEALTH AND PAIN MANAGEMENT PLAN.** If Dr. Moran gives an option you do not want, simply tell him.
- Complete your medical visit evaluation and plan in a timely manner and make available to each patient within 24 hrs after each visit.
- Educate each patient to the benefits and potential risks of medications, proper usage, and titration.
- Review imaging studies in a timely manner with each patient or allowed by patient availability
- Update pain pathology each visit and /or notify each patient of any changes in causes of pain and consequently any changes in treatment goals.
- Verify if there are any questions or concerns still present before concluding the visit.
- At times , due to trying to stay on schedule, we may have to complete your visit if it is taking longer than allocated time. If this happens we are happy to continue seeing you to answer questions at the end of the day or after hours.

Date: _____

Witness: _____

Patient Name: _____ Signature: _____

