Johnston Pain Management, P.A.
250 Huff Drive
Jacksonville, NC 28546
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Website: www.johnstonmd.com

Welcome to Johnston Pain Management. Our goal is to break the vicious cycle of pain, inactivity, and associated emotional distress. We approach this through a variety of modalities, all geared to helping our patients reclaim a more productive and meaningful lifestyle.

INSURANCE INFORMATION AND CONSENT TO FILE

I, the undersigned patient, request that payment of authorized benefits be made on my behalf to Johnston Pain Management. I also authorize this office to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions whether manual or electronic. I acknowledge that all co-payments and co-insurance are due at time of service. I understand that verification of my insurance benefits, does not guarantee payment for services rendered. I accept full financial responsibility for all charges not covered by insurance. Certain tests may be ordered by the provider(s) of Johnston Pain Management. I agree to be financially responsible for these services should they be considered "non-covered" or not medically indicated by my insurance company. A Pain Perception Test (PPT) is ordered on all new patients. This is comprised of a series of questions including demographical, medical, and psychological data. If my treatment is involved with a work related injury and Johnston Pain Management is to file Workman's Compensation claims on my behalf, I authorize the doctors and staff to discuss plan of treatment, care and appointment information with claims payers and/or case workers. For any forms that Johnston Pain Management is asked and agrees to fill out, there will be a minimum fee of $25.00 payable prior to completion of the form. This fee will be billed directly to me and will not be filed with an insurance company or other third party.

APPOINTMENT NON-COMPLIANCE CONTRACT

We would appreciate your help and courtesy of a phone call if you are unable to keep an appointment. Please notify our office at least twenty-four (24) hours prior to the appointment time. Johnston Pain Management understands that missing or canceling an appointment sometimes cannot be helped. As soon as you are aware that you will be unable to keep your appointment, please contact the office immediately. Failure to do so will result in a missed appointment or late cancellation fee. The amount is dependent on the type of appointment missed. If an office visit is missed without 24 hours' notice, the fee will be $25.00. If a procedure appointment is missed, there will be a $75.00 fee. These fees are the patient's responsibility, not their insurance company's. Missed appointment or late cancelation fees will need to be paid prior to being seen again by Johnston Pain Management.

I understand the length of the office visits are based on the needs of each individual patient in the clinic and that there may be minimal or extended delays.

Last Name First Name Middle Initial

Patient Signature Date