



Welcome to the Interventional Pain Institute

The providers and staff here at Interventional Pain Institute want to welcome you to our practice and thank you for choosing us as your healthcare provider. We understand the impact that chronic pain can have on the quality of your life, and we are dedicated to helping you manage your pain with compassion, professionalism, and evidence-based care.

Our team of experienced specialists are dedicated to providing a personalized treatment plan tailored to your specific needs. We offer a comprehensive range of services from medication management to advanced interventional techniques, all aimed at improving your well-being and helping you regain control of your life.

Here's what you can expect as a new patient at our practice: A thorough evaluation of your medical history and pain concerns, a customized treatment plan designed to address your unique situation, a collaborative approach, where we work closely with you to achieve your pain management goals, and consistent, compassionate care and support throughout your treatment.

PATIENT PORTAL & EHR:

At Interventional Pain Institute, we use *ModMed*, an innovative electronic health record (EHR) system designed to enhance your pain management experience. With Modmed, our team can easily communicate with you via text message and via the patient portal. The patient portal also gives you the opportunity to request medication refills, change/make appointments, and it allows you to view your treatment plans, and test results.

Medical Records Request:

HealthMark is our trusted partner for managing and processing your medical records. Whether you need to obtain copies of your records or share them with another healthcare provider, HealthMark ensures that your information is handled securely and efficiently. If you need to request your medical records, feel free to reach out to HealthMark directly or ask our staff for assistance.

Our goal is to make your healthcare journey as transparent and accessible as possible. If you need any assistance with navigating your patient portal or requesting records, our team is here to help!



INTERVENTIONAL PAIN INSTITUTE

Diagnosis & Treatment of Spine, Cancer and Chronic Pain

8017 Picardy Ave Baton Rouge, LA 70809 Phone: 225-769-3636 Fax: 225-771-8047

PATIENT INFORMATION SHEET

Name: _____

Social Security #: _____

Mailing Address: _____

Physical Address: _____

Sex: _____

Date of Birth: _____

Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

If Minor: Parent(s) or Legal Guardian Name: _____

Address: (if different from above): _____

City: _____ Zip: _____

State: _____

Home Phone: _____ Cell: _____

Patient or Personal Representative Signature

Date

Printed Name

Relationship to Patient



If you will be filing today's visit through your personal health insurance, please present your insurance card to front desk and fill out the questionnaire below.

Primary

Insurance Carrier Name: _____

Policy Number: _____ Policy Type: _____

Insurance Address: _____

Secondary

Insurance Carrier Name: _____

Policy Number: _____ Policy Type: _____

Insurance Address: _____

If this visit is as a result of a work-related injury or as a result of a legal, disability, or liability issue, please fill out the appropriate information below.

Workman's Compensation Claims: (complete if your visit is a result of a work-related injury)

Date of Injury/Accident: _____ Did you report this to your employer?

Employer:

Employer Address: _____

Workers Comp Contact Person: _____

Contact Phone Number: _____ Claim Number: _____

Work Comp Insurance Carrier: _____ Phone: _____

Adjuster: _____

Legal/ Disability/Liability Claims: (complete if your visit is a result of legal, disability, or liability issue)

Date of Injury/Accident:

Law Office/Disability/Liability Office Name: _____

Lawyer/Agent Name: _____

Paralegal: _____

Phone: _____ Email: _____

Address: _____



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PRACTICE FINANCIAL POLICY

At Interventional Pain Institute, we are committed to building a successful physician-patient relationship and to provide the best possible care for you as our patient. Your understanding of our Practice Financial Policy is an important part of this process.. For your convenience, this document discusses a few commonly asked financial policy questions. If you need further information or assistance about any of these policies, please ask to speak with our Practice Manager.

Payment for Services

Payment for services is due upon check-in. You will be informed of your patient responsibility prior to your arrival in most cases. For your convenience, we accept many methods of payment including through our patient portal, the patient kiosk, cash payments, checks, HSA, and credit cards (American Express, MasterCard, Visa, and Discover).

Co-Payments, Deductibles, & Coinsurances

Deductibles are an out-of-pocket amount that is pre-determined by your insurance plan. In most cases, this out-of-pocket amount must be met before your insurance will begin paying for the services you receive on that day. Co-payments are a set out-of-pocket amount that is predetermined by your insurance plan. If your insurance plan requires a co-payment for your services, it is to be paid for at the time the services are rendered. Coinsurances are set out-of-pocket percentages that are determined by your insurance. This amount may be charged up front or billed to you at a later date based on the response we receive from your insurance company once claims are billed.

Outstanding Balances

Interventional Pain Institute requires payment in full. Your insurance company will determine what you owe once claims are filed with them. If there is any outstanding balance that was not originally paid on the date of service, then you will be responsible for that balance in full at your next appointment. IF you have any questions about your balance, our billing representatives will be glad to assist you. IPI reserves that right to make payment arrangements for patients in need and on an individual basis. These arrangements may include the completion of applicable patient agreements, which establish a payment schedule that outlines the terms and conditions of payment prior to the delivery of physician services. This is a patient service offered at IPI to assist patients who are determined to be in financial need due to hardship.

Proof of Insurance

All patients must complete our patient information form prior to seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim or rescheduling a visit may be necessary.

NSF Checks

There will be a \$25.00 charge for all returned checks.

Medicare Policy

Federal law requires all physicians to file claims to the local Medicare contractor. Interventional Pain Institute accepts Medicare assignment. This means we agree to accept Medicare's allowance on services provided to you. You will still be responsible for your annual deductible, the co-payment, and any non-covered services specified by Medicare. If you carry a supplemental plan to Medicare, please be sure we have your policy information so that a claim can be filed for you.

Medicaid

Interventional Pain Institute does not accept Medicaid or any Bayou Health Plan as a primary insurance plan. However, we will accept Medicaid as a secondary plan and file to Medicaid once your primary insurance has paid. A valid Medicaid ID card is required and scanned into your confidential medical record. Please notify our registration staff if you are covered under a Bayou Health Medicaid State Plan/Managed Care Organization. If you fail to notify and present proof of your Medicaid coverage to our staff, then it is assumed that your services are to be billed to your primary insurance provider only. We do not bill back for failure to provide notice of Medicaid coverage.

Coverage changes

If you anticipate a change to your insurance, please notify us prior to your next scheduled appointment. This allows us to properly update our patient records to ensure that you receive the maximum benefit from your plan. If you fail to update us of any changes to your coverage, any services that are deemed non-payable by your original plan will become patient responsibility.

Other Services

The cost of laboratory services may or may not be included in your bill. Depending on whether you have health insurance and terms of your coverage, you may be responsible for some or all the costs of any urine drug screens that may be ordered. If you have any questions regarding a third-party invoice, please contact that entity not your physician.

Any and all charges will be submitted to the insurance information we have on file. Any denied or non-covered charges will be subject to the patient's responsibility. It is always our advice to know your plan's benefits before accepting services.

Disclosure of Financial Interest:

Louisiana law requires physicians to disclose to a patient, when the physician refers the patient to another health care provider or facility, that the physician has a financial interest in that entity. The purpose of this disclosure is to notify you of the following financial interests by provider, Dr. Barrett Johnston, which include Capital Surgery Center, which is located at 8250 Picardy ave in Baton Rouge, LA 70809. This is the site where Dr. Johnston preforms interventional and surgical procedures.

Consent: I hereby authorize Interventional Pain Institute to bill my insurance company on behalf of services rendered to me.

By signing below, I attest that I have read and understand this policy in its entirety, and I agree to abide by its terms and conditions

Patient or Personal Representative Signature

Date

Printed Name

Relationship to Patient



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PRACTICE CONSENTS

I agree that Interventional Pain Institute may request and use my prescription medication history from other healthcare providers or third-party pharmacy benefit payers for treatment purposes. I hereby authorize Interventional Pain Institute to release any medical information and/or medical records maintained at this clinic as needed to my insurance company, to the social security administration of carriers, to my attorney listed in my paperwork, or to the attorney responsible for the payment for medical services or evaluation to be provided. I permit a copy of this authorization to be used in place of the original. I hereby assign to the facility listed above all insurance or Medicare reimbursements for medical and/or surgical expenses. Regulations pertaining to Medicare assignment of benefits apply. I have been given a copy of Notice of Private Practices of Interventional Pain Institute, LLC.

Patient or Personal Representative Signature

Date

Printed Name

Relationship to Patient

Are you under the care of any other doctors or specialists? If so, please list details below:

Primary Care: _____

Phone Number: _____

Cardiologist: _____

Phone Number: _____

Neurologist: _____

Phone Number: _____

Orthopedics: _____

Phone Number: _____

Other: _____

Phone Number: _____