

NeuroScience Associates

Timothy J. Johans, M.D. Paul J. Montalbano, M.D. Michael V. Hajjar, M.D.
Thomas C. Manning M.D., Ph.D. Kelly J. Bridges, M.D. Richard A. Lochhead, MD

Initial _____

_____ **Medication Refill Policy:** Pain management during your recovery is very important to us. Careful management of narcotic medication is an essential component of a successful recovery. Therefore, we have implemented the following policy:

- The Physician "on call" will not refill medications. No refills will be given outside of office hours. Office hours are from 9:00am to 5:00pm Monday through Friday.
- Refills must be received between 9:00am and 3:00pm Monday through Friday.
- Refill requests must be received by fax from your pharmacy. Allow 72 hours for refills to be processed, excluding weekends and holidays.
- It is illegal to drive under the influence of drugs or alcohol. **Do not** drive after you take a narcotic prescribed by this office and while you are under the influence of narcotics. Please consult with the provider who wrote the prescription, for each narcotic, to assess when you are legal to drive. I authorize access to my medication history from any prescriber within SureScripts to assist in preventing adverse drug reactions.

_____ **Medicare Payment Authorization:** I request that payment of authorized Medicare benefits be made either to me or on my behalf to Dr. Johans, Dr. Montalbano, Dr. Hajjar, Dr. Manning, Dr. Lochhead, or Dr. Bridges. I also further authorize and direct any holder of medical information about me to release such information to the Centers of Medicare and Medicaid Services; formerly the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. This authorization shall remain in full force and effect until revoked in writing by myself. A copy of this authorization shall be as valid as the original.

_____ **Ownership Disclosure:** As a patient of NeuroScience Associates, your physician may order tests, images, and/or schedule procedures to be performed at local hospitals and/or imaging facilities. These include (but are not limited to) MRI's, X-rays, CT scans, laboratory tests, and surgical procedures.

The physicians of NeuroScience Associates have ownership interest in St. Luke's Medical Center and Treasure Valley Hospital, locations where you may receive these services. Our providers have privileges at St. Luke's Boise and Meridian, St. Alphonsus Boise and Nampa and West Valley Medical Center. You have the right to have your services performed at any facility of your choosing.

This form is to confirm you have been informed of NeuroScience Associates ownership interest and to inform you of your right to choose the facility where you would like to receive your services.

_____ **Acknowledgement:** I acknowledge that I have reviewed the Notice of Privacy Practices on our website at www.idneuro.com. If a paper copy of the Notice of Privacy Practices is preferred, I will request a copy from the receptionist at the time of my appointment and review it before I sign below.

Signature: _____ Date: _____

Print patient / representative name: _____ Relationship: _____