NECCP

NEW ENGLAND CENTER FOR CHRONIC PAIN

MS Chart #: _____

PATIENT REGISTRATION

☐ NEW ☐ UPDATE			TODAY'S DATE:		
Last Name:	First:	Middle:	☐ Ms. ☐ Mrs. ☐ Miss ☐ Mr.	☐ Jr. ☐ Sr. ☐ Dr. ☐ Rev.	Marital status (select one) Single

Is this your legal name?	If not, what is your legal name?	(Former name):	Birth date:	Age:	Sex:
☐ Yes ☐ No					☐ M ☐ F

Home address:			
P.O. box/Floor/Suite:	City:	State:	ZIP Code:

Home phone no:	Cell phone no:	Email address: (Please select: ☐ Home ☐ Work ☐ Other)

Drivers license no:	Drivers license state:	(Please provide driver's license for photocopy)

Occupation:	Employer name & address:	Work phone no.:

Name of your Medical physician:	Address:	Office phone no.:

IF MINOR, parent's name:	Second parent's name:

REFERRAL

Referring physician:	Office/Hospital Name & Address:
If not referred, how did you hear about NECCP?	

☐ Family ☐ Friend ☐ Website ☐ Other _____

EMERGENCY CONTACT

Name of local friend or relative (not living at same address):	Relationship to patient:

Home phone no:	Cell phone no:	Email address: (Please select: ☐ Home ☐ Work ☐ Other)

Is this person a patient here? ☐ Yes ☐ No

BILLING

Person responsible for bill (if other than patient)

Home address:	Social Security no.:

P.O. box/Floor/Suite:	City:	State:	ZIP Code:

Home phone no:	Cell phone no:	Email address: (Please select: ☐ Home ☐ Work ☐ Other)

Occupation:	Employer name & address:	Work phone no.:

NEW ENGLAND CENTER
FOR CHRONIC PAIN

FINANCIAL POLICY

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality care in a relaxed and informative environment. It is our policy to make definite financial arrangements with you before any treatment begins.

1. Payment for services is due at the time services are rendered unless prior financial arrangements have been made. We accept cash, checks, Visa and MasterCard.
2. a) We do not participate with insurance plans, Medicare or Medicaid. We will provide Superbills with standard billing procedures and diagnosis codes so that you may file with your own insurance plan for reimbursement.
   b) Calmare® Pain Therapy Treatment (aka Scrambler Therapy) is an emerging medical technology and is currently in the process of obtaining specific CPT billing reimbursement codes from the AMA. Consequently, reimbursement by individual insurance plans cannot be guaranteed. Please let us know if you require additional documentation for insurance purposes or if we can provide any assistance with your insurance submission.
3. There will be a $25 service charge for all returned checks.

By my signature below; I acknowledge that I have read and understand the NECCP Financial Policy and that I am responsible to pay for all services received:

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The New England Center for Chronic Pain ("NECCP") is committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. Our Notice of Privacy Practices identifies all potential uses and disclosures of your health information by our practice and outlines your rights with regard to your health information. A copy of our current notice is posted in our office waiting room in a visible location at all times and you may request a copy of our most current notice at any time.

By my signature below, I acknowledge that I have read and/or received a copy of the NECCP Notice of Privacy Practices:

SIGNATURE

I certify the information above to be complete and truthful:

_____

Patient Signature ***Print Name***
Date

_____

Parent/Guardian Signature ***Print Name***
Date

If signed by Parent or Guardian:

Patient Name: _____ **Relationship:** _____