

Brevard Pain Management, Inc.

Todd B. Jaffe, M.D.

Board Certified, Pain Management

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P.O. Box 129
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32781-0129

PATIENT RIGHTS AND RESPONSIBILITIES

OFFICE HOURS: Monday through Thursday from 7:30am – 5:30pm
Closed Friday through Sunday

- My records will be held in strict confidence and will only be released upon written notification from me.
- I will keep my cell phone OFF while in an exam room with a provider.
- I will be treated with courtesy dignity and respect and in turn, I will treat the office staff with the same courtesy, dignity and respect that I am shown.
- I have a right to participate in make decisions about my plan of treatment, and have the right to request or refuse any treatment except as otherwise provided by law.
- I acknowledge that no guarantees have been made to me as to the results of this treatment.
- I will promptly notify your office of any changes in address/phone or insurance.
- I will give a 72-working hour advance notice when calling in my medication refills. I will call the pharmacy to check on my refills that may be called in, and if the medication can't be called in, I will check with the office no sooner the 48 hours after my original request for the refill. There will be a \$25.00 charge for rewriting your prescription due to it being lost, stolen or damaged.
- I will make every effort to understand the benefits of my insurance plan, even to the extent of calling the carrier or the benefits coordinator at my place of employment.
- I am responsible for obtaining all necessary referrals from my primary care physician. I am ultimately responsible for payment of services I receive, including services not covered by my insurance.
- I am responsible for keeping appointments with other physicians Dr. Jaffe has referred me to or for tests that the doctor has ordered for me. If I am unable to make the appointment, I will contact the office within 48 hours of the appointment.
- I agree to be on time for my appointments and will pay the no show fee of \$25.00 for any appointment missed if I fail to notify the office 24 working hours in advance.
- I agree to pay my co-payment at the time of my appointment.
- I agree to pay a \$25.00 charge for any check that is returned by my bank.
- If I fail to pay my bill in a satisfactory manner and if you assign the account to an attorney or collection agency, I will pay the costs of collection, including attorney's fees.
- I understand that the office can only bill for a diagnosis that is documented in my record and that to ask the doctor to change a diagnosis to secure insurance payment constitutes fraud.
- I agree to pay my insurance deductibles at the time of service unless it has been proven to Brevard Pain Management's satisfaction, through experience with your secondary insurance, that they will pay your deductible in a timely fashion. If my deductible amount is filed to my secondary insurance, I understand it will be filed only once and then the amount due will become my responsibility if my secondary insurance has not paid within 30 days.
- Once my deductibles have been met, Brevard Pain Management will file my secondary insurance for costs that I have incurred that were not covered by my primary insurance. Brevard Pain Management will file secondary insurance only once. If my secondary insurance does not pay within 30 days, I understand that the amount owed will be my responsibility.
- There will be a \$25.00 charge for any non emergent calls to the answering service for Dr. Jaffe after hours.
- Our office performs random drug screens and our patients are expected to comply with this policy.
- Consult our physician(s) concerning the availability of a less expensive generically equivalent drug and the requirements of Florida law.

Signature: _____ Date: _____