

1460 N. 16<sup>th</sup> Ave. Suite D  
Yakima, WA 98902  
574-3805



Welcome \_\_\_\_\_  
(First & last name) (Date of birth)

We believe the more you know about Water's Edge Pain Relief Institute, the better we can partner with you to make a difference. Take a few minutes to read and become more familiar with the following:

**1. CLINIC HOURS**

Monday-Friday 8am-5pm

*\*However, many of our providers are not available for appointments on Friday, Please inquire about that you first visit.*

**2. INITIAL CONSULTATION/VISIT**

Your initial consultation/visit has been scheduled for \_\_\_\_\_ at \_\_\_\_\_. It is essential that you **complete and bring** the enclosed packet to your scheduled appointment. ***The packet must be completed prior to the start time of your scheduled appointment or your appointment may be rescheduled to a later date.***

**3. TELEPHONE CALLS**

Water's Edge physicians and nurses attempt to be thorough and complete during your visit, including answers to all your questions. You will notice that the physicians and nurses will rarely be interrupted by the telephone during your visit (unless another physician is calling). This is because we ask our patients to respect one another's time by holding their questions until their scheduled visit. We encourage you to write down all your questions so you will not forget. If you have a clinic question that you believe can **NOT** wait until your regularly scheduled visit, you may leave a message on the nurse triage line, **(509) 574-3805**.

**4. EMERGENCIES**

If you believe you are experiencing an emergency, you should go immediately to the nearest emergency department.

If you are experiencing a situation that necessitates urgent (but not emergent) attention, please call **(509) 574-3805** to schedule an appointment with your pain care provider. These situations are best handled in person during the appointment and not over the phone. We will do our best to accommodate these needs.

**5. BILLING/INSURANCE/COPAYS**

As courtesy, Water's Edge will file all claims to your insurance carriers for services provided. In order to extend this courtesy, we will need a **picture ID and copy of insurance cards during each visit.** Receiving services may result in two separate billing statements; one from Yakima Valley Memorial Hospital and one from Yakima Memorial Physicians. **Please call for quotes or to ask questions regarding the hospital facility fee or the physician fee.**

If there are any changes in your insurance coverage or benefits while being treated at Water's Edge **you are responsible to notify us immediately.** If your insurance coverage requires co-pay, it will be collected at the time of check in.

**6. REFERRAL POLICY**

Water's Edge Pain Relief Institute is a specialty-based practice. Patients are accepted for care only by referral from your healthcare provider.

**7. PRIMARY CARE PHYSICIAN**

If another specialist refers you to Water's Edge, it is important that you have a relationship with a **primary care physician**. Our physicians serve as consultants and cannot assume the role provided by a primary care doctor. If you do not have a primary care physician, contact the Yakima County Medical Society at **(509)575-5550** for available physicians in town.

**8. AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION**

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If you would like a copy of your health records or would like to release your health records to other individuals, besides your referring provider, please ask a desk staff member for a release of information sheet to complete.

**9. PRESCRIPTIONS**

**I understand that I may not receive a pain medicine prescription on my first visit at the clinic.**

**I understand that my pain care provider may choose not to take over my pain medicine prescriptions.**

**I understand that pain medication refills must be done at a clinic appointment** that I have made with my provider. I will anticipate and schedule my appointments in advance. Refills and changes (including discontinuation) to medications will be made at the appointment and not over the telephone except for extenuating circumstances.

**All prescriptions must be picked up in person with identification.** In the event that another person will be picking up prescriptions for you, arrangements must be made with the pain care provider in advance. Due to the serious nature of opiate pain medications, prescriptions will not be phoned into the pharmacy.

Patients who come in for pain management frequently must take medicines for variety of ailments such as high blood pressure, diabetes, heart disease, etc. **You will need to fill these prescriptions through your primary care provider.** Prescriptions from our clinic are normally written for a 30-day supply.

**WATER’S EDGE ATTENDANCE POLICY: Effective 4/1/12**

You, as the patient, are the leader of your healthcare team. Your regular attendance at all your appointments, at Water’s Edge and elsewhere, is essential for the success of our multi-disciplinary treatment team. We cannot successfully treat you if your attendance is erratic. Pain problems respond best to several treatment actions which require your careful implementation and attendance.

We currently provide reserved appointments for you in order to minimize waiting and assure continuity of your care. Our Attendance Policy is strict, but also designed to be flexible in case of emergencies. We also provide coaching to help you become excellent in your role as an active, vital, engaged patient.

**CANCELLATIONS** Please notify our office 24-hours (one business day) in advance of appointments you are not able to keep. Even this much notice poses a problem for your team, and we urge you to take your scheduled appointments very seriously. Call us at (509)574-3805. Notification less than 24-hours (one business day) in advance will be considered a “No Show”.

Be aware that we may not be able to fit you in for several days, and you may run out of your prescription(s). We do not refill prescriptions over the telephone.

**NO SHOWS** All “No Shows” and “Late Cancellations” will be documented in your chart. If you have **two (2) in a given one (1) year period**, you will be given the opportunity to meet with the Chronic Pain Support Group or an attendance coach who will help you problem-solve your situation to achieve better attendance. If you miss **three (3) total in the one (1) year period**, you will be put on a medication taper, if needed, and discharged from the clinic and referred back to your primary care medical provider.

**I AGREE TO THE ABOVE ADHERENCE POLICY**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Staff Signature