



Excellence in Pain Management

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ALL PATIENTS, PLEASE READ

Welcome to our Pain Clinic! Since this is your first appointment, we know you probably have many questions. This letter is to give you a quick overview of the practices of our clinic, and hopefully address some of your concerns.

Depending on your insurance carrier, you will be billed by **Interventional Pain Institute** for **Consults, Follow-up** appointments, **Procedures**, and **Urine Drug Screens**. It is **advisable** to contact your insurance carrier to determine what your personal out-of-pocket (**co-pays, co-insurance and deductible**) expense will be. Some insurance companies require authorizations for procedures, which may delay your treatment. Please know that we do everything possible to begin your treatment plan quickly.

In order for your plan of care to be successful, you must be under the care of a Primary Care Physician. Dr. Gheith can only take care of your Pain Management issues, and wants to communicate with your physician so that your overall health is managed successfully. Dr. Gheith will not write prescriptions for blood pressure medications, cardiac medications, etc.

You may be required to provide urine sample and sign an Opioid Agreement for our office, especially if Dr. Gheith writes prescriptions for pain medications.

If you need a refill on any medication that we have prescribed, please have your Pharmacy fax a refill request to us. Our **fax** number is **636-933-2252**.

If for some reason you need to cancel any upcoming appointments, please give us at least a 24 hour notice, so that we can move another patient into your time slot. If you cancel less than 24 hours, you may incur a fee of **\$65.00**.

Lastly, our staff is happy to answer questions/handle your concerns, but usually cannot return calls until late afternoon. We know this can be challenging, but we want to speak to you without interruptions.

Our website is **www.manageyourpainnow.com** . Feel free to browse our site and read about Dr. Gheith and our available services. Our **office** telephone number is **636-933-2243**.

I read and understand this letter and will ask questions if necessary.

Patient Signature _____ **Date** _____

Staff Signature _____