

# Florida Medical Pain Management, LLC

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## PATIENT INFORMATION

Date: \_\_\_\_\_ Chart #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Soc Sec#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_

## INSURANCE INFORMATION

Is this treatment related to an automobile accident: Yes  No  Date of Accident: \_\_\_\_\_  
Is this treatment related to Worker's Compensation: Yes  No  Date of Injury: \_\_\_\_\_  
Primary: \_\_\_\_\_ Policy/Group#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Subscriber: \_\_\_\_\_  
Secondary: \_\_\_\_\_ Policy/Group#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Subscriber: \_\_\_\_\_

## FINANCIAL INFORMATION

Patients who carry any form of medical insurance should know that all services furnished are charged directly to the patient and he or she is responsible for payment. We will prepare any necessary forms to assist in making collections from your primary insurance company and will credit such collections to your account. You will also be expected to pay any benefit proceeds from your insurance to this office. However, we cannot render services on the assumption that your charges will be paid solely by your insurance. Most misunderstandings about insurance can be avoided if you understand what your policy provides. Many insurance policies pay according to a schedule of benefits that is based on various criterions. This office charges fees which are reasonable in this community. Not all insurance will pay 100% of our charges. The patient (and/or spouse/guarantor) is responsible to pay all sums unpaid by insurance. If it becomes necessary to collect any sum due through an attorney, then the patient (and/or spouse/guarantor) agrees to pay all reasonable costs of collection, including attorney's fees and appellate attorney's fees, whether suit is filed or not. All past due balances will accrue interest at the rate of 1½ % per month (18% per annum). The patient authorizes the release of any information acquired in the course of treatment as necessary to file insurance claims and for the collection of their account.

Patient: \_\_\_\_\_ Witness: \_\_\_\_\_  
Parents or Guarantors: \_\_\_\_\_