



Metropolitan Pain Management Consultants, Inc.
A Medical Group

Lee T. Snook, Jr., M.D., D.A.B.P.M., F.A.C.P., President & Medical Director

PATIENT RESPONSIBILITIES

At MPMC, we believe patients and families are partners in ensuring that the best possible care is provided in a healthful, safe environment. We count on you to participate in your care in the following ways:

- When requested by MPMC staff, **present your insurance card(s)** and **present picture identification. At each appointment your co-payments and balances due must be paid.** MPMC accepts cash, money orders, travelers' checks, Visa, MasterCard, Discover, bank cards and checks. MPMC has sanctions associated with returned checks and non-payment of accounts.
- **Know what your health plan benefits are** so we can appropriately provide medical care to you and refer you, when necessary, to an outside medical provider; such as, laboratory, pharmacy, x-ray, etc.
- **You are required to have a Primary Care Physician (PCP)** and provide MPMC with your PCP's current Name, Address and Phone number.
- **Don't be late** for your appointment. **Be at this office at least fifteen (15) minutes prior to your scheduled appointment** time to check in, provide your medical information and complete the patient interval questionnaire. If you are late you may be rescheduled.
- At **each appointment**, and prior to your treatment or examination, **you are responsible for completing a patient interval questionnaire** which includes a **complete listing of all your medications** including over-the-counter products and dietary supplements as well as any allergies or sensitivities.
- You are responsible for **providing accurate and complete information at each visit** regarding your past and present health concerns. You are required to **sign all forms** pertinent to medical treatment, authorization, billing agreement and release of medical information. You are responsible to **follow the treatment(s)** recommended by the attending physician, physician assistant or registered nurse.
- Your **medications must be taken as prescribed. Medication refills** are made during your visit. Be sure to review all of your medication needs with your attending medical provider during your appointment.
- You will need to **provide a responsible adult to transport you** home from the facility and remain with you for 24 hours, if required by your provider.
- Inform MPMC about any **living will, medical power of attorney, or other directive** that could affect your care
- **Be respectful** of all the health care providers and staff as well as other patients.

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