



Advanced Surgical Associates (ASA) Prescription Refill Policy

Due to the widespread abuse/dependence of oral prescription narcotics and their implication in the overdose deaths of thousands of Americans every year, our practice and many others are establishing practice guidelines to minimize narcotic prescriptions in the routine care of our surgical patients. We are focusing on alternative and multi-modality treatment strategies to combat this epidemic.

ASA does not provide long-term pain management services. If long-term pain management is required, you will be referred to a pain management physician or your primary care physician.

Are you currently under the care of a pain management specialist? Yes No

If you are on chronic narcotics from a pain management physician, you will need to receive your post-operative pain medicine from that physician, unless pre-arranged with us prior to your surgery.

Initial Prescription: You may receive a pain medication prescription (sent electronically) either beforehand or immediately following your surgical procedure to treat post-operative pain. Prescriptions are written for an appropriate amount of tablets and the expected number of days you may need them, based on your type of surgery.

Refills: Refills of your post-operative narcotic pain medication may be sent electronically based on your physician's discretion. These will typically only be refilled 1-2 times, within a 2 week period following surgery. Medications are to be taken according to directions. No early refills will be granted.

Routine refill requests will only be authorized between 8am – 5am, Monday – Thursday, and between 8am – 12:00pm (noon) on Fridays. Routine refill requests will be denied after hours, during the weekend, or on Holidays. Refills requested during these times will be referred to the Emergency Room.

The Arizona State Board of Pharmacy monitors each physician's prescribing record on a quarterly basis. Physicians are required by law to query all patients receiving a prescription for a controlled substance.

Are you able to take a schedule II medication? (Examples of **Schedule II narcotics** include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®), morphine, opium, codeine, and hydrocodone)

Yes No

Patient's Printed Name: _____

Patient's Signature: _____ Date: _____

Thank you for choosing Advanced Surgical Associates for your surgical needs. Our goal is to provide our patients with the best possible care and service. We have listed important items below that will assist us in providing that care.

OFFICE HOURS: Our office is open Monday-Friday from 8:30am to 5:00pm.

INSURANCE: Your current insurance card is required at the time of each visit check in. It must be on file for us to bill your insurance. If we do not have your card on file, you will be treated as a self-pay patient, and our fee is expected at the time of service. When the card is furnished, we will file your insurance and reimburse you after your claim has been paid.

REFERRALS: If your insurance requires a referral to see our surgeons, a valid referral must be on file before the doctor sees you. It is your responsibility to see that your referral, including the number of visits or time period authorized by your primary care doctor, has been received. We are only authorized to treat or evaluate the problem(s) your primary care doctor has indicated on the referral. If you wish to be seen for an additional problem, our surgeon may wish to schedule you for a separate visit, provided you retain a referral for that problem.

COPAYS: Our insurance contracts require us to collect copays at the time of service. If your insurance plan requires copay, it will be due at the time of the visit. If you do not have your copay, you will be rescheduled. We do not bill for copays.

MINORS: A parent or guardian must accompany a minor patient on their first visit. A signature for treatment of minors by the parent or legal guardian is required. A minor may come unaccompanied on subsequent visits with the parental/guardian approval made in advance and witnessed by two ASA employees.

CANCELLATION: We require a 24-hour notice for appointment cancellation. There is a \$25.00 fee after the second missed visit.

EMERGENCIES: Our office has emergency coverage 24 hours every day. Our phones are transferred to an answering service after regular office hours. The answering service will only call the doctor if it is a true emergency. For questions and minor problems, please call the office during regular working hours.

SURGERY: Your surgery may be scheduled at an outpatient surgery center or at the hospital. Your surgeon may have an ownership interest in the outpatient surgery center. The choice of location for surgery is generally dictated by a number of factors, but you retain the right to have your surgery at any facility you desire provided your insurance company approves and our surgeons practice at that facility. If you have any questions concerning this situation, please discuss it with your doctor.

FORMS: There is a \$15.00 charge per form for the completion of any insurance/disability forms that you may require. We require a minimum of 5 days to complete these forms. Payment is expected at the time the service is requested. We will notify you when the work is complete.

I have read the consent form and the above information.

Signature: _____ **Date:** _____