



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:

1. 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.
2. **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. Talk with your insurance company to determine if MPMC is a contracted or network provider.
3. **You are required to have a Primary Care Physician (PCP)** and provide MPMC with your PCP's current Name, Address and Phone number.
4. **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.
5. **Provide the physician with the most accurate and complete information** regarding present complaints, past illnesses, hospitalizations, medications, allergies and unexpected changes in your condition.
6. **Follow the plan of care**, if agreed upon, or express concerns with compliance.
7. **If you are prescribed medications**, you **MUST maintain compliance with laboratory studies** as well as all conditions of the **Medication Agreement** or you **WILL** be discharged.
8. You and your family are responsible for following the pre-operative and post discharge plan of care. You are responsible for the outcomes if you do not follow the plan of care. **Ask questions** when you do not understand what you are told or what you are expected to do.
9. **Provide an adult to transport** you home from after a procedure, and remain with you for 24 hours, if required by the physician.
10. **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.
11. **Sign all forms** pertinent to medical treatment, authorization, billing agreement and release of medical information.
12. 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.
13. **Inform MPMC** about any **living will, medical power of attorney, or other directive** that could affect your care
14. **Be respectful** of all the health care providers and staff as well as other patients. You and your family are responsible for following the practice's rules and regulations concerning patient care and conduct.

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