



Mischer Neuroscience
Associates

Practice Introduction and Information Sheet

Thank you for choosing Mischer Neuroscience Associates for your neurological care. Please read the following information to help you prepare for your surgery and the necessary follow-up care. Should you need additional information, please contact Mischer Neuroscience Associates at **713.704.7100**.

Appointments

Please arrive at least 15 minutes prior to all scheduled appointments for completion of any paperwork. If you arrive 15 minutes late to your scheduled appointment, you may be asked to reschedule your appointment. If you need to cancel an appointment, please give at least 24 hours notice. All post-op and follow-up appointments must be scheduled with one of our physician assistants (PAs).

Prescription Medications

You may be given prescription medications as part of your evaluation and treatment in the clinic. If these medications include narcotic medications and/or muscle relaxants, you may be asked to sign a medication contract. This contract essentially establishes a professional relationship between you and the physicians of Mischer Neuroscience Associates indicating that you will take the medications prescribed as directed and will not attempt to obtain prescriptions for similar medications from other physicians.

You may be asked to submit a urine sample as part of the medication contract. This is a customary procedure and is in no way intended to offend anyone.

Refills for prescriptions can be requested during regular office hours Monday through Friday. **No prescriptions will be filled after regular office hours or on the weekends.** Please allow at least 48 hours for refill of prescriptions that can be called in or faxed to your pharmacy. Certain medications require the original physician signed prescription before the medication can be refilled. Please **allow at least 1 week** for these prescriptions to be mailed to your home address or to your pharmacy.

While the use of narcotics and/or muscle relaxants can be an important component of your pain management regimen, these medications also have potentially addictive issues. If at any time you think you are experiencing issues with addiction to these medications, please notify your physician and appropriate referrals will be made for your care regarding these issues. **Misuse of medications will not be tolerated and could lead to your immediate dismissal from our care.**

Forms/Paperwork

You may need your physician or their staff to complete various forms or paperwork. While we will attempt to assist you in completing these forms, this is **not** the primary focus of our practice. You may be asked to pay a fee for the completion of certain forms. **Please allow 3 weeks for completion of all submitted forms.**

Diagnostic and Surgery Scheduling

During the time of your evaluation, the physician or PA may decide it is necessary to send you for further diagnostic testing to evaluate your symptoms or to monitor your progress. Following your evaluation, surgery may be recommended. At times, certain tests, exams, and surgeries may require an authorization by your insurance company before the study or surgery can be scheduled. **Please note that most Commercial, HMO, and HMO Insurance replacement plans have a standard 3 to 4 business day turn around to review the request before authorization.** We take all necessary steps to follow the insurance protocol to prevent our patients from being penalized by their insurance company. Also, please allow 7 to 10 days to receive a call regarding the results of radiographic or diagnostic studies following completion of these studies.

Contacting Us

During regular office hours every attempt will be made to answer and address each call. Please be advised it may take your physician or physician representative 24 to 48 hours to personally return any non-emergent phone call. The office staff will attempt to address any and all issues as they are able. A member of our medical staff is on call at all times to address issues that occur after hours or on

the weekends. Please be considerate to reserve after hour calls or weekend calls for emergent issues only. If you feel you have an emergent issue, please call 911.

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I certify I have been provided a copy of the Practice Introduction and Information Sheet and have read and understand all the information presented therein. I agree to comply with all policies and procedures as outlined and as set forth by Mischer Neuroscience Associates. I also understand that, during the course of my treatment and follow-up, if I am in violation of any or all of these policies, it may result in termination of my care.

Patient Printed Name

Signature

Date