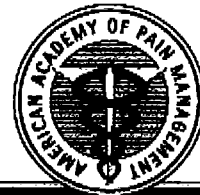




# Comprehensive Pain Management

Minimizing pain. Changing lives.



9118 Bluebonnet Centre Blvd., Baton Rouge, LA 70809 (225) 368-2300 P (225) 368-2280 (F)  
[www.thepainspecialist.com](http://www.thepainspecialist.com)

**Our Mission** - Comprehensive Pain Management (CPM) is the premier pain medicine center (physician medical practice) in Baton Rouge specializing in evaluation and multimodality treatment of painful conditions. Decreasing pain and its impact on personal and professional life is our first and foremost concern.

---

**In order to decrease your wait time when you arrive please:**

- **Fill out enclosed paperwork completely and bring with you to your appointment**
- **Arrive 30 minutes prior to your appointment time to fill out additional paperwork and meet with patient representative**
- **Have your picture ID and insurance card with you. (You will not be seen without your ID)**

## **PLEASE BE AWARE:**

If you do not have this paperwork with you when you arrive, you will be asked to complete it in our office and this could delay your scheduled appointment. Your appointment may be rescheduled if your paperwork is not completed ahead of time. If you have trouble completing your paperwork, please ask for guidance and help from a family member or friend to assure your information is correct and complete for the physician. For questions regarding the paperwork, please call 225-368-2353.

- If you need to cancel or reschedule your appointment, we ask that you give us no less than **24 hour** notice. We will be happy to assist you in making another appointment.
- CPM has a "**No Show**" fee of \$25.00. If you are more than 20 min late or you do not show up for your appointment, you will be considered a no-show and will be required to pay the "No Show" fee at the time of your next appointment. Any amounts past due are required at your next appointment. Failure to pay past due amounts may result in cancellation of your appointment.
- A patient representative will provide you with an estimate of the amount due for your appointment and will be available to answer any questions you may have regarding your financial responsibility as a CPM patient. All co-pays, co-insurances, and deductibles are due at the time of service.

**Please keep in mind that if we have not received medical records from your referring physician, it may be necessary for us to reschedule your appointment. Upon receipt of these records, we will be glad to see you.**

Thank you for allowing us to participate in your healthcare. Enclosed is a map with directions to our office located at **9118 Bluebonnet Centre Blvd., Baton Rouge, LA 70809.**

Sincerely,  
**Physicians and Staff of Comprehensive Pain Management**

Rev 08/13



# Comprehensive Pain Management

Minimizing pain. Changing lives.

9118 Bluebonnet Centre Blvd.  
Baton Rouge, LA 70809

(225) 368-2300 (225) 368-2280 Fax  
[www.thepainspecialist.com](http://www.thepainspecialist.com)

(PLEASE PRINT)

Patient name: \_\_\_\_\_  
First Middle Last

### INFORMATION ABOUT YOUR CONDITION

Are you being seen as a result of a \_\_\_\_\_ illness, \_\_\_\_\_ injury at work, \_\_\_\_\_ motor vehicle accident, \_\_\_\_\_ other \_\_\_\_\_

Date of accident (if applicable): \_\_\_\_\_ State: \_\_\_\_\_

Is there an attorney involved? \_\_\_\_\_ If so, please provide Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

If Worker's Comp., please provide claim number: \_\_\_\_\_ date of injury \_\_\_\_\_

Carrier name \_\_\_\_\_ Adjuster name \_\_\_\_\_ Phone number: \_\_\_\_\_

Please list all physicians involved in your care: (PCP) \_\_\_\_\_

(Specialists) \_\_\_\_\_

### PATIENT INFORMATION

Home Address: \_\_\_\_\_

City State Zip

Male Female Marital Status: Single Married Divorced Widowed Age: \_\_\_\_\_ DOB / /

Home Phone ( ) Work ( ) Cell ( ) Other ( )

\*Primary Email address

\*Secondary Email address

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

In case of emergency, please list 2 persons that we can contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### FINANCIAL / INSURANCE INFORMATION

Responsible Party: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB / /

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ SS# - - Drivers Lic. # \_\_\_\_\_

Please bring your insurance cards to all appointments, as we will need to make copies of them:

Primary Insurance Co \_\_\_\_\_ ID # \_\_\_\_\_

Group# \_\_\_\_\_ Subscriber Name and DOB: \_\_\_\_\_ / /

Secondary Insurance Co \_\_\_\_\_ ID # \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber name and DOB: \_\_\_\_\_ / /

I hereby represent by my signature below that:

1. Above information is correct and will notify Comprehensive Pain Management of any changes immediately

2. I grant Comprehensive Pain Management, LLC the right and authority to obtain a still photograph and consider this part of my medical record and used/released only for purposes outlined by HIPAA guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Comprehensive Pain Management requests your email address in order to provide you with important health care information on a timely basis. We assure you that we will **NOT** share your email address with any 3<sup>rd</sup> party. (rev 04/2012)



# Comprehensive Pain Management

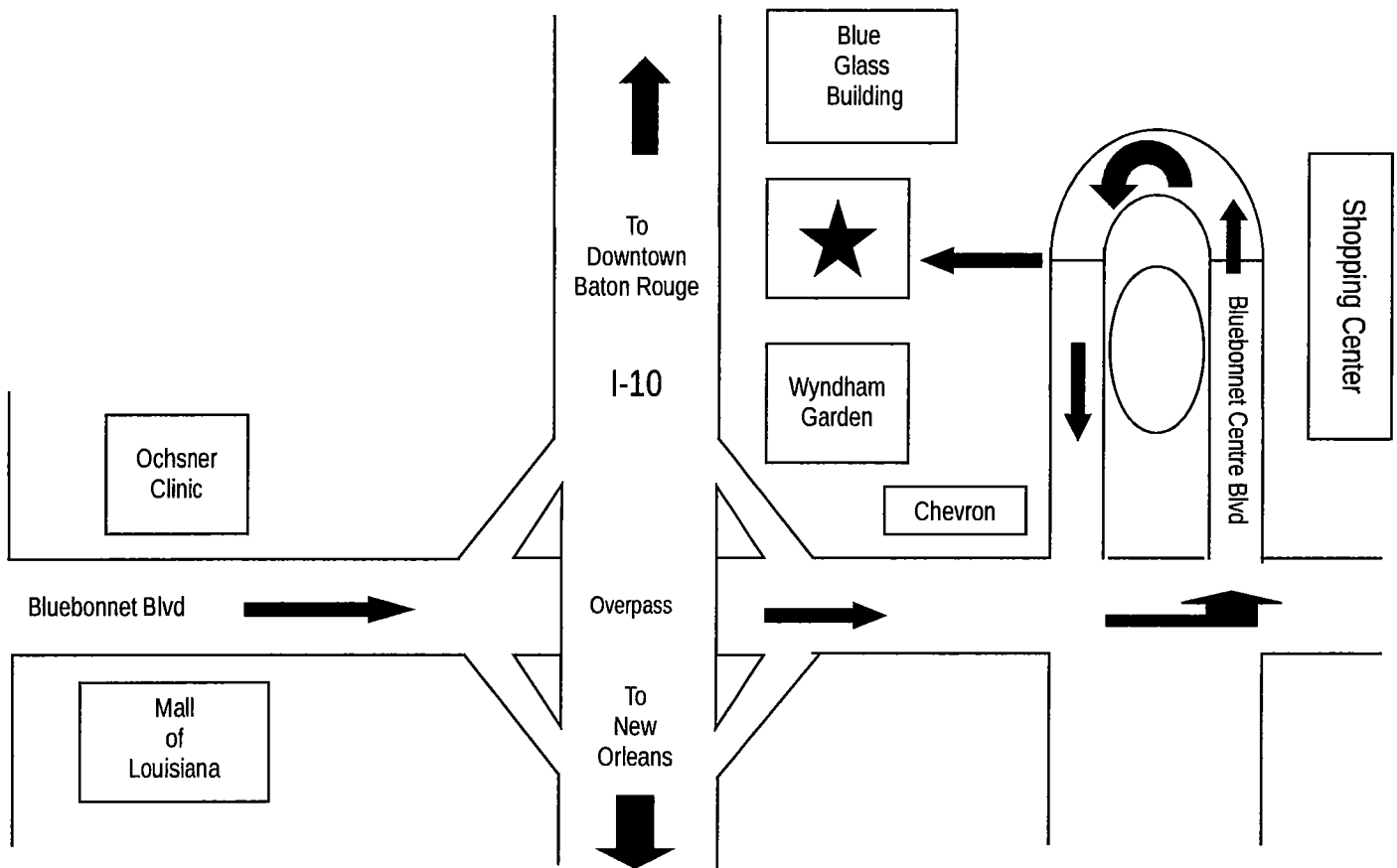
Minimizing pain. Changing lives.

9118 Bluebonnet Centre Blvd.  
Baton Rouge, LA 70809

(225) 368-2300 (225) 368-2280 Fax  
www.thepainspecialist.com

## DIRECTIONS TO COMPREHENSIVE PAIN MANAGEMENT

Comprehensive Pain Management is located off of I/10 at the Bluebonnet Blvd exit.  
Our building sits behind Wyndham Garden Hotel. It can be accessed by turning at the traffic signal next to Chevron onto Bluebonnet Centre Blvd. Go all the way around the cul-de-sac at the end of the street and turn right into our parking lot.





# Comprehensive Pain Management

Minimizing pain. Changing lives.

Livingston Parish clinic located at:

5000 O'Donovan Boulevard, Suite 412  
OLOL Livingston Facility  
Walker, LA 70785

Phone: (225) 368-2300

FAX: (225) 368-2280

