

## WK Spine and Pain Specialists

2449 Hospital Drive, Suite 300  
Bossier City, LA 71111  
Ph: (318)212-7960 Fax: (318)212-7965

1811 E Bert Kouns Ind Loop Suite 300  
Shreveport, LA 71105  
Ph: (318)212-3636 Fax: (318)212-3819

## Appointment Policy

### Appointments:

#### **Late Appointments**

Our practice strives to provide not only the finest medical care, but also to provide a high level of efficiency and patient service. In order to have adequate office hour coverage, and to keep on schedule during our office hours, **Please arrive 15 minutes before your scheduled appointment** to complete paperwork and to call ahead if you anticipate being late for your appointment. If you arrive past your scheduled appointment time, you will have to reschedule for another day. If you need a prescription refill, the receptionist will have a nurse contact you within 24 hours to discuss your prescription refill.

#### **Missed Appointments**

We require 24-hour's notice for cancellation of an appointment. Three or more missed appointments, without adequate notice, in a 6-month period will result in dismissal from the practice. Pain medications cannot be called in so it is imperative to keep scheduled appointments.

#### **SURGERY BY OTHER PHYSICIANS:**

You will need to schedule an appointment with WK SPS before undergoing any surgical procedure for any condition that you receive treatment for by this clinic.

#### **Work Excuses:**

If you require a work excuse, please ask for it at the time of your appointment. **Work excuses are only allowed for the same day of a scheduled appointment or procedure.**

#### **Nurse calls and medication refills:**

**Please allow 24 hours for your call to be returned.** Your phone call is automatically sent to a nurse when you leave a message with the receptionist. Please do not make multiple phone calls to the office within the day. We will return your call within 24 hours. If your call has not been returned within 24 hours, please call our office at Phone: (318)212-7960 and ask to speak to the office manager. Always call 911 if you have a life threatening emergency.

#### **Opioid Treatment:**

If you are receiving narcotics from our office, please remember that you have signed a written agreement to follow certain safeguards. The purpose of the narcotic treatment agreement that you sign is to help us maintain a safe, controlled treatment plan for you. You must remember:

- **You are not to receive pain medications from any other physician besides those at WK Spine and Pain Specialists. We monitor your pharmacy records periodically and if discovered that you have obtained narcotics from another provider, it will result in a referral for addiction treatment and loss of prescription privileges.**
- **You must use the same pharmacy to fill all of your prescriptions.**
- **You must take your medication exactly as instructed. Do not change dosage amounts without talking to our office first. If you want to change medications you must bring un-used medicine with you to your appointment.**
- **You must keep all regular follow-up appointments.**
- **It is important to make sure that you have enough medication to make it through the weekend or after hours. Medication refills will not be called in or refilled by the doctor on call after hours or on weekends.**

**Co-Pays/Deductibles:**

Co-pays and deductibles are due at the time of service.

**Disability Forms and Letters:**

Our goal is to restore you to your highest level of function and, when necessary, to assist you with the completion of forms or letters in a timely manner. Our requirements for the completion of disability forms or letters are listed below:

- There will be a charge that must be paid prior to the completion of the form/letter. The charge for most forms is \$25.00.
- Ten working days will be required for the completion of the form/letter.
- The completion of some forms/letters may require an office visit if additional assessment is required.
- We reserve the right to refuse to complete a form if it requests information that we do not have as part of your treatment plan.

I have read and received a copy of the office appointment policy.

\_\_\_\_\_  
**Print** Patient Name

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Today's Date

\_\_\_\_\_  
 Date of Birth