



The Pain Medicine and Rehabilitation Center

Phone: 812-523-3700

Fax: 812-524-2946

www.MyPMRC.com

Location:

1730 Williamsburg Drive, #4
Jeffersonville, IN 47130

Dear New Patient:

Thank you for choosing The Pain Medicine and Rehabilitation Center for your pain management needs. We are committed to providing you with the best possible care. Your clear understanding of our Financial Policy and Patient Agreement is important to our professional relationship, so please ask if you have any questions regarding the policy or your responsibility.

Following is a list of forms to be completed before your first visit.

- 1) Financial Policy
- 2) Patient Agreement
- 3) Patient Information
- 4) Patient Treatment/Medical History
- 5) Authorization to Release Information
- 6) Acknowledge receipt of Notice of Privacy for Protected Health Information

Please confirm your appointment date and time. If you have a conflict as it is scheduled, we ask you contact our office as soon as possible to reschedule. For your first appointment:

- Please **arrive 30 minutes prior** to your scheduled appointment time to complete any remaining paperwork.
- Please **bring a photo ID, insurance card(s), and co-pay** (if applicable)

Sincerely,
PMRC New Patient Coordinator