



DENVER HIP & KNEE CLINIC

Today's date: _____

Last name: _____ First name: _____ Middle name: _____

Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Work: _____ Cell: _____

Email address: _____

Ethnicity (optional): ☐ Caucasian ☐ African-American ☐ Hispanic ☐ Asian ☐ Declined

DOB: _____ Age: _____ SSN: _____ Gender: M / F

Referring physician: _____ Phone: _____

Primary Care physician: _____ Phone: _____

Other referring source: _____

Employer: _____

Primary insurance: _____ Phone: _____

Address: _____

Policyholder's name: _____ DOB: _____

ID or Claim: _____ Group: _____

Secondary insurance: _____ ID # _____

Spouse/Partner name: _____ Phone: _____

Emergency contact name: _____ Phone: _____

I authorize payment of medical benefits to the undersigned physician.

X _____
Signature (Insured or Authorized person)

I authorize the release of any medical information necessary to process this claim and all future claims.

X _____
Signature (Insured or Authorized person)

DENVER HIP & KNEE CLINIC

Patient Name: _____

Current History

Referred by: _____ Hospital: _____ Sex: _____

Reason for Visit: _____

Which side? Right _____ Left _____ Both _____ What is your dominant side? Right _____ Left _____ Ambidextrous _____

When did your condition start? (date) ____/____/____

Is your condition due to a specific injury? _____ If so, was the onset Gradual _____ or Sudden _____?

Is there a workers' compensation or no fault claim? Yes _____ No _____

Please briefly describe the injury or onset of the condition:

Have you had any other orthopedic injuries or surgeries? If so, please describe.

Please rate the severity on a scale from 1-10. Now: _____ At its worst: _____

Describe the quality of the pain (indicate all that apply): Dull _____ Achy _____ Sharp _____ Burning _____ Tingling _____

Is the pain constant or intermittent? _____

Associated symptoms (indicate all that apply): Pain at night _____ Stiffness _____ Swelling _____ Instability _____

Weakness _____ Neck/Back pain _____ Radiating pain _____ Numbness/Tingling _____

What makes it better? _____ What makes it worse? _____

Have you had previous studies? X-Rays _____ MRI _____ CT _____ Ultrasound _____ EMG _____ If so, where? _____

Have you tried previous treatment? Physical Therapy _____ Bracing _____ Injections _____ (Date: _____)

DENVER HIP & KNEE CLINIC

Patient Name: _____

Current Medications (List all medications, vitamins, supplements)

| Name | Dose/ Frequency | Name | Dose/Frequency |
|----------|-----------------|----------|----------------|
| 1. _____ | _____ | 5. _____ | _____ |
| 2. _____ | _____ | 6. _____ | _____ |
| 3. _____ | _____ | 7. _____ | _____ |
| 4. _____ | _____ | 8. _____ | _____ |

Known Allergies:

Full History

Past Surgical History and/or Hospitalization

1. _____
2. _____
3. _____
4. _____

Have you ever had a problem with anesthesia? Yes ___ No ___ Problem: _____

Have you ever had complications from surgery? Yes ___ No ___ Problem: _____

Medical History (circle any past or current medical conditions below)

| | | | |
|-------------|---------------------|-------------------|----------------------|
| Anxiety | Diabetes | Infection | Reflux |
| Arrhythmia | Gout | Kidney Disorder | Rheumatoid Arthritis |
| Asthma | Heart Attack | Osteoarthritis | Seizures |
| Blood Clots | Heart Failure | Osteoporosis | Stomach Ulcers |
| Cancer | High Blood Pressure | Pneumonia | Stroke |
| Depression | High Cholesterol | Pulmonary Embolus | Other: _____ |

Are you currently on blood thinners? Yes ___ No ___ If so, which one: _____

Have you ever had a MRSA infection? Yes ___ No ___

Do you have any of the following medical devices (indicate any that apply)?

Pain Pump ___ Neurostimulator ___ Pacemaker ___ Shunt ___

Have you been taking opioids for 6+ months? Yes ___ No ___

DENVER HIP & KNEE CLINIC

Family History

Have any of your family members (parents, siblings, grandparents) had any of the following?

Diabetes ___ Abnormal Bleeding ___ Heart Disease ___ Rheumatoid Arthritis ___ Cancer ___ Type: _____

Social History

Do you smoke tobacco? Yes ___ No ___ Past # packs per day ___ # of years ___

Do you drink alcohol? Yes ___ No ___ How many drinks per week? _____

History of substance abuse? Yes ___ No ___

List any recreational activities/ sports you are currently involved in:

Review of systems (Circle any you have had in the past year):

| Constitutional | Hematologic | Respiratory | Skin |
|-------------------------|-------------------------|----------------------|------------------------|
| Fever | Easy bruising/ bleeding | Cough | Sores/ ulcers |
| Chills | Blood clots in legs | Difficulty breathing | Hives |
| Night Sweats | Blood clots in lungs | Wheezing | Rash |
| Weight Change | Cardiovascular | Excessive snoring | Mole changes |
| ENT | Chest pain | Endocrine | Musculoskeletal |
| Headaches | Palpitations | Cold intolerance | Joint pain |
| Hearing loss | Leg swelling | Heat intolerance | Joint swelling |
| Glaucoma | Poor circulation | Excessive thirst | Joint stiffness |
| Dry eyes | Cold hands/feet | Neurological | Muscle spasm |
| Mouth sores | Genitourinary | Seizures | Muscle weakness |
| Gastrointestinal | Bladder incontinence | Dizziness | Psychiatric |
| Abdominal pain | Blood in urine | Numbness | Depression |
| Heartburn | Painful urination | Paralysis | Anxiety |
| Difficulty swallowing | Urinary retention | | Memory issues |
| Constipation | | | Insomnia |

I hereby certify the above is true and accurate to the best of my knowledge.

Patient Signature: _____ Date: _____

DENVER HIP & KNEE CLINIC

Patients paper work policies:

Our office will assist you in filling up paper work RELATED to your surgery, such as FMLA, Short Term Disability or Handicapped Parking. Please fax us your forms to 303-790-1809 or e-mail it to coloradospine1@aol.com. Please remember that it takes up to 3-7 days to process all non-urgent requests.

- If you require FMLA paperwork to be filled out that are NOT related to a surgery: an appointment with Dr. Szuszcwicz will be necessary to review the claim.
- If you have had surgery and need FMLA forms completed for short term disability, please contact Medical Assistant. Our office will only be able to fill out forms for a maximum of three months leave following your surgery.
- Dr. Szuszcwicz is NOT able to complete claims for Social Security permanent disability although we are able to send medical records to the Social Security Department if they request them.
- We are able to provide your attorney with copies of medical records. However, in order to remain compliant with HIPPA regulations for patient privacy these can only be released when we receive a signed release of information form and the appropriate fee has been paid by the attorney's office.
- Dr. Szuszcwicz is NOT able to fill out questionnaires, statements or letters for attorneys. If statements or questions are necessary, you or your lawyer will be required to schedule an appointment or phone consultation with Dr. Szuszcwicz for which there will be a consultation fee.
- As of January 1, 2007, we will no longer be able to fill out forms of disability and statements for attorneys without prior arrangements to do so. If you require a form to be completed by our office you will be required to arrange a meeting in person appointment.

I _____ I have read and understand the above information.
(Patient Name)

Signature

Date: _____

Acknowledgement of Receipt of Notice of Privacy Practices

I _____ acknowledge that I have received a copy of Denver Hip & Knee clinic Notice of Privacy Practices. This Notice describes how Denver Hip & Knee clinic may use and disclose my protected health information, certain Restrictions on the use and disclosure of my healthcare information, and rights may have regarding my protect heath information.

Signature of Patient or Personal Representative

Date

Relationship to Patient

Denver Hip & Knee Clinic
Consent and Agreement Regarding Acute Pain Management

Controlled Substances Prescriptions and Refill Policy: This office does not treat chronic pain with controlled substances. Rather, Front Range Spine & Neurosurgery providers will write controlled substance prescriptions only as indicated for patients on our surgery schedule related to acute pain and for no longer than 90 days following surgery. When you receive controlled substances prescriptions from this office, you consent and agree as follows:

Risks and Benefits of Controlled Substances: I have discussed my condition and treatment options with my providers. The option of taking a controlled substance has been discussed with me. I understand that although controlled substances may be useful in the treatment of pain and improving function, they also have risks. These risks are discussed in detail on the package insert that comes with my prescription and I agree to read the package insert carefully. I understand that the risks of controlled substances include overdose, misuse, diversion, addiction, physical dependence and tolerance, interactions with other medications or substances, and death. Additional risks include changes in behavior and interference with activities of daily living including, without limit, impairment of the ability to drive, interference with cognition, and sleep disturbance. These risks are increased in patients:

- with a personal or family history of substance abuse or mental health disorders;
- with a history of physical, emotional, or sexual abuse;
- who use alcohol or multiple medications, including combinations of opioids with sedative-hypnotics, benzodiazepines, barbiturates, and muscle relaxants (which can increase the risk of respiratory depression and death);
- with health conditions that could aggravate adverse reactions including, without limit, COPD, CHF, sleep apnea, or with a history of renal or hepatic dysfunction; and
- who are elderly.

Alternatives: I have been advised that there are alternatives to taking controlled substances. Some alternatives include, without limit, foregoing medication, taking medications that are not controlled substances, and employing alternate therapies such as surgery, behavioral therapies, physical therapy, massage, acupuncture, and others complimentary therapies that can be used to address pain. The providers at Front Range Spine & Neurosurgery recommend that any patient being treated for pain incorporate counseling and other lifestyle therapies. Regardless of the surgical care provided, I understand I am recommended to:

- Have a family doctor who sees me on a regular basis;
- See a therapist or counselor on a regular basis; and
- Engage in healthy lifestyle activities to include:
 - o Exercise;
 - o Nutrition;
 - o Sleep hygiene; and
 - o Positive personal relationships/support groups.

I do not need a referral to initiate these services and resources for these services have been provided. If I have trouble accessing resources, I will let my primary care provider and this office know as either can make a formal referral.

Precautions and Emergency Care: I have been advised about signs of overdose, which may include decreased levels of consciousness, pinpoint pupils, respiratory depression (shallow breathing or not breathing), seizures and muscle spasms. If this happens, I understand that I should call emergency medical services (911) immediately. I also understand that I should talk with people around me about precautions, including calling for emergency services, rescue breathing and administration of an opiate antagonist.

Pain Management Agreement

1. I will only use one provider to prescribe and monitor all opioid medications and adjunctive analgesics. I understand that Front Range providers **will not prescribe controlled medications beyond 90 days after surgery**. Accordingly, if I continue to have pain 30 days after surgery requiring controlled medication, I will contact a pain management provider to take over prescribing or ☐ I already have the following chronic pain management provider:
Name: _____ Telephone: _____
2. I will use only **one** pharmacy to obtain all prescriptions. That pharmacy is:
Pharmacy: _____ Telephone: _____
3. I will not take or give controlled medications from or to others; increase use of medications without first consulting with my prescribing provider; use medication differently than prescribed; alter medication; or change a prescription.
4. I will provide complete and accurate information including medical, substance use, and psychiatric history; medical records as requested; all medications taken, including herbal remedies (as medications can interact with over-the-counter and other prescribed medications); a valid contact phone number at which I can be reached during the day; pain levels and functional activity; and immediately report any side effects.
5. I will comply with the recommendations of my providers, including reasonable testing; consultation(s) including second opinions; and alternative therapies.
6. I understand and consent to monitoring including, without limit, urine, oral fluids, or blood testing as requested; review of the Colorado Prescription Drug Monitoring Program; and presenting for a pill count and bringing all medications prescribed in their original bottles into the office.
7. Medication refills will not be treated as an emergency and must be requested at least three business days in advance. I will timely request refills and agree that no refills will be done on the same day, during the evening or on weekends and no early refills will be authorized.
8. I will be responsible for keeping medication in a safe place and protect medications from loss or theft. Stolen or lost medications must be reported to police and to Front Range immediately and may not be replaced.
9. I will not use alcohol or alcohol containing products, marijuana or medical marijuana, or any illicit substance while taking controlled medications.
10. I will notify Front Range Spine & Neurosurgery immediately (no more than one business day) if I become pregnant; or obtain controlled medications from an emergency prescriber for an urgent reason.
11. I will notify Front Range Spine & Neurosurgery immediately if the full amount of a prescribed medication is not available from the pharmacy, if there is a delay at the pharmacy due to insurance prior authorization, or the pharmacy cannot provide the full amount due to insurance restrictions.
12. I understand that any evidence of violation of the law or this Agreement may result in discharge from care and reporting of suspected illegal conduct to authorities.
13. I understand that Front Range Spine & Neurosurgery may communicate with any of my other health care providers about my care or impressions of my behavior. I consent to such communications.
14. I will educate myself on pain management and what I can do to help improve my condition including, without limit, reading "Your Guide to Pain Management" at: https://www.painedu.org/load_doc.asp?file=painmanagement.pdf

Understanding the risks and alternatives, and having had all questions answered, I elect to proceed with treatment using controlled substances and agree to the statements and conditions above.

Patient Signature

Date

Substance Abuse

Substance abuse is excessive use of alcohol or a drug in a way that is detrimental to self and/or society. This includes both physical and psychologic dependence. Physical dependence refers to an altered physiologic state in which withdrawal symptoms develop when the substance is discontinued. Psychologic dependence refers to a state of intense need to continue using in the absence of physical dependence.

Substance abuse is a serious problem that can be life-threatening. It can ruin your life as well as the lives of those who care about you. If you have a substance abuse disorder, is important to:

- Have a family doctor who sees you on a regular basis;
- See a therapist or counselor on a regular basis; and
- Have a support system that helps you avoid situations where you are likely to abuse again.

NEVER DRIVE A VEHICLE UNDER THE INFLUENCE—YOU MAY INJURE OR KILL YOURSELF OR SOMEONE ELSE

IMMEDIATELY GO THE NEAREST EMERGENCY DEPARTMENT IF YOU:

- Think of harming yourself or committing suicide;
- Feel unsafe in your home environment;
- Become worse or feel that you cannot wait until your next appointment for treatment.

Treatment Resources

Pain Management Providers

| | |
|--|--------------|
| Allpria | 833-834-7246 |
| Colorado Advanced Pain Consultants | 720-370-5974 |
| Colorado Clinic | 970-355-3225 |
| Colorado Pain and Rehabilitation | 303-423-8334 |
| Colorado Pain Consultants | 303-792-2959 |
| Colorado Rehabilitation and Occupational Medicine | 303-685-2766 |
| Colorado Springs Pain Consultants | 719-375-5400 |
| Comprehensive Pain Specialists | 303-469-3182 |
| CSNA | 719-473-3272 |
| Denver Pain Clinic | 303-468-7246 |
| Denver Pain Management | 720-405-2331 |
| Health Quest Medical Services | 719-260-9797 |
| Interventional Pain Management of Colorado Springs | 719-228-9440 |
| Metro Denver Pain | 303-750-8100 |
| Mountain Spine and Pain Physicians | 303-355-3700 |
| Mountain View Pain Center | 720-749-5599 |
| New Health Pain Treatment Center | 720-274-0341 |
| Southern Colorado Clinic | 719-553-2235 |
| Spinal Diagnostics and Regenerative Medicine | 719-598-7562 |
| Springs Rehabilitation | 719-634-7246 |
| UCHealth Pain Management Clinics | 720-848-0000 |
| Denver/Aurora – Anchutz | 720-848-1970 |
| Ft. Collins | 970-495-0506 |
| Southern Colorado | 719-365-5000 |

Support Groups, Counseling and Information

| | |
|---|---------------------------|
| ADAD | 303-866-7480 |
| Al Anon (for family members) | 303-321-8788 |
| Alcoholics Anonymous (AA) | 303-866-7480 |
| Community Alcohol/Drug Rehab & Education Center | 303-295-2521 |
| Center for Dependency, Addiction and Rehabilitation (CeDAR) | 720-848-3000 |
| Comitis Crisis Center (24 Hour) | 303-343-9890 |
| Crossroads | 303-232-7111 |
| Families Anonymous/Adult Children of Alcoholics | 303-321-8895 |
| Kaiser Chemical Dependency | 303-367-2800 |
| Mile High Council on Alcoholism/Drug Abuse | 303-825.8113 |
| Narcotics Anonymous | 303-832-3784/719-637-1580 |
| Substance Abuse Information/Referral (24 Hour) | 800-378-443S |
| Veteran Counseling | 303-326-0645 |

Detox Residential and Outpatient Treatment Facilities Denver Metro Area

| | |
|---|--------------------------------|
| All Points North Lodge (residential/outpatient) | 310-579-6169 |
| Aquarius (outpatient) | 303-797-9440/797-9346 |
| Arapahoe House (residential/outpatient) | 303-657-3700 |
| ARTS @ University (outpatient) | 303-388-5894 |
| Aurora Behavioral Health (residential - adults with Medicare) | 303-745-2273 |
| Behavioral Health Group (outpatient MAT) | 303-245-0128 |
| Center for Dependency, Addiction and Rehabilitation (CeDAR) | 720-848-3000 |
| Cenikor Foundation, Inc. (residential) | 303-234-1288 |
| Centennial Peaks (residential) | 303-673-9990 |
| Choosing Life Center (outpatient) | 303-321-6563 |
| Comprehensive Behavioral Health Center (outpatient MAT) | (720) 398-9666 |
| Denver Cares (detox /outpatient) | 303-436-3500 |
| Denver Health & Hospitals Substance Abuse Tx Services | 303-436-5690 |
| Denver Rescue Mission (residential - homeless men) | 303-294-0157 |
| Denver Women's Recovery (residential - women) | 833-754-0542 |
| Dynamic Directions | 303-797-1440 |
| Harm Reduction Action Center | 303-572-7800 |
| Harmony Foundation (residential/outpatient) | 970-340-2228 |
| NorthStar Transitions | 303-558-6400 |
| Parker Valley Hope (residential/outpatient) | 303-841-7857/694-3829/487-1943 |
| Phoenix Concept (residential - homeless men) | 303-293-3620 |
| Porter Detox (detox /outpatient) | 303-778-5774 |
| Salvation Army/ARC (residential - homeless men) | 303-294-0827 |
| Servicios d la Raza/ Inc. (outpatient) | 303-458-5851 |
| Sobriety House (residential) | 303-722-5746 |
| Special Connections/ARTS(outpatient-maternal abuse) | 303-333-4288 |
| Step 13 (residential) | 303-295-7837/295-7837 |
| Stepping Stone - Sobriety House, Inc. Residential - women) | 303-722-5745 |
| Stout Street Foundation (residential) | 303-321-2533 |
| Victory Outreach Urban Ministries (residential/outpatient -women) | 303.296-7946 |
| West Pines (residential/outpatient) | 303-467-4000 |
| Women's Treatment Services-CU Health (maternal abuse) | 303-333-4288/333-1721 |
| Wright Center (residential work program) | 303-420-0399 |

Surprise/Balance Billing Disclosure Form

Surprise Billing – Know Your Rights

Beginning January 1, 2020, Colorado state law protects you* from “surprise billing,” also known as “balance billing.” These protections apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado, and/or
- You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado

What is surprise/balance billing, and when does it happen?

If you are seen by a health care provider or use services in a facility or agency that is not in your health insurance plan’s provider network, sometimes referred to as “out-of-network,” you may receive a bill for additional costs associated with that care. Out-of-network health care providers often bill you for the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called “surprise” or “balance” billing.

When you CANNOT be balance-billed:

Emergency Services

If you are receiving emergency services, the most you can be billed for is your plan’s in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be balance-billed for any other amount. This includes both the emergency facility where you receive emergency services and any providers that see you for emergency care.

Nonemergency Services at an In-Network or Out-of-Network Health Care Provider

The health care provider must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers. They must also tell you what types of services that you will be using may be provided by any out-of-network provider.

You have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for **covered** services is your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance. These providers cannot balance bill you for additional costs.

Additional Protections

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.
- Your provider, facility, hospital, or agency must refund any amount you overpay within sixty days of being notified.
- No one, including a provider, hospital, or insurer can ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive nonemergency services from an out-of-network provider or facility, you may also be balance billed.

If you want to file a complaint against your health care provider, you can submit an online complaint by visiting this website: https://www.colorado.gov/pacific/dora/DPO_File_Complaint.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the billing department, or the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745.

*This law does NOT apply to ALL Colorado health plans. It only applies if you have a “CO-DOI” on your health insurance ID card.

Please contact your health insurance plan at the number on your health insurance ID card or the Colorado Division of Insurance with questions.

Name of Patient or Responsible Party

Responsible Party’s Relationship to Patient

Signature of Patient or Responsible Party

Date