

PAIN MANAGEMENT SUPPLEMENTAL APPLICATION

1) Full Name of Applicant:

2) Please indicate the number of procedures performed:

Type of Procedure	Actual Last Year	Current Full Year Projection	Qualifications of the individual(s) providing procedure(s)
CATEGORY A			
Acupuncture			
Botox Injections			
Osteopathic/Chiropractic Manipulations (no Anesthesia)			
Physical Therapy			
CATEGORY B			
Facet Joint Blocks			
Lesioning (Radio Frequency)			
Peripheral Nerve Block			
Platelet-rich plasma			
Radiofrequency Nerve Ablation			
Selective Nerve Root Blocks			
Sympathetic Blocks			
Trigger Point Injections			
CATEGORY C			
Dorsal Column Stimulator Implants/Reprogramming			
Epidural or Spinal Catheters			
Intradiscal Electrothermal Therapy			
Kyphoplasty			
Percutaneous Discectomy			
Percutaneous Endoscopy Nerve Root Decompression			
Peripheral Nerve Stimulation – Percutaneous			
Spinal Manipulation Under General Anesthesia			
Stem Cell Injections (Other than PRP) Please specify:			
Vertebroplasty			
CATEGORY D			
Discectomy – Open			
Peripheral Nerve Stimulation – Open			
Spinal Infusion Implants/Pumps			
TOTAL:			

3. Does your practice adhere to any and all prescription drug monitoring program (PDMP) requirements in the state(s) where you conduct business? Yes No

If No, please explain:

4. Do you require every patient to complete a Pain Treatment Agreement? Yes No

If Yes, how often is the contract updated?

Please describe any instance where the contract is not used:

5. Do you require pain management patients to have an attending or primary care physician? Yes No

If No, please explain:

If Yes, please explain the communication policy:

6. Do you monitor and treat depression in patients with chronic pain throughout the course of medication assisted treatment? Yes No

If No, please explain:

If Yes, please describe this process:

7. When prescribing opioids for non-malignant pain, do you require an evaluation by a Psychiatrist or a Ph.D. Clinical Psychologist? Yes No

If No, please explain:

If Yes, how often is an evaluation completed throughout the treatment plan?

8. Please provide a breakdown of states where patients reside:

State	Percentage of Patient Population (must equal 100%)
TOTAL	100%

9. Do you provide Chronic Opioid Therapy (COT)?	Yes	No
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If Yes:

- a. What percentage of patients are COT?
- b. Please explain identification procedures for patients:

c. Are laboratory tests performed prior to dosage?	Yes	No
d. Are opioid management plans put in place at the beginning of treatment?	Yes	No

If Yes:

How are dosage escalations determined?

How are management plans concluded?

How are patients monitored throughout the process?

10. Do you have written policies for the documentation of recovery for sedated patients in an outpatient setting and/or clinic?	Yes	No	N/A
Do you have a transfer policy in place?	Yes	No	N/A

If Yes, with whom and how far away?

11. Do you use pre-surgical procedure checklists and guidelines for outpatient procedure suites?	Yes	No
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If Yes, do the checklists and/or guidelines include the following? (Check all that apply.):

Procedural consent

NPO Guidelines

Anticoagulation Guidelines

Transportation Guidelines

Time out procedures

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.