



**Important financial information regarding your upcoming procedure**

In the recent years, there has been a substantial change regarding healthcare coverage. Due to these changes, you are likely to be responsible for a portion of your charges including copayments, coinsurance and deductible payments.

Please call your insurance company today and ask about your coverage and the exact amount of copayments, deductibles, and covered benefits prior to your upcoming procedure. Please understand that this service will be billed as an outpatient procedure and there will be TWO separate bills, a Physician Bill and a Facility Bill. **ALL PATIENTS ARE REQUIRED TO CALL AND VERIFY THEIR COVERED BENEFITS PRIOR TO ANY PROCEDURE.**

**These copayments and deductibles are due at the time of your upcoming injection** (pay by Check, Cash or Credit Card). Please write the amount of your Co-pay below and bring it in with you to your injection appointment:

**My Co pay:** \_\_\_\_\_

**Provider:**

- Seyed Ali Mostoufi, MD (NPI # 1790753721)

**Facility Name:**

- New England Ambulatory Surgicenter (NPI # 1851491013 / Tax ID # 20-5110715)
- New England Spine Care Associates (NPI# 1952312795 / Tax ID # 59-3812793)

**Type of procedure:**

|   |
|---|
| <input type="checkbox"/> Cervical/Thoracic Epidural Steroid Injection (CPT Code: 62321)                   |
| <input type="checkbox"/> Lumbar Epidural Steroid Injection (CPT Code: 62323)                              |
| <input type="checkbox"/> Cervical/Thoracic Transforaminal Epidural Steroid Injection (CPT Code: 64479)    |
| <input type="checkbox"/> Lumbar Transforaminal Epidural Steroid Injection (CPT Code: 64483)               |
| <input type="checkbox"/> Cervical/Thoracic Medial Branch -Facet Injection (CPT Code: 64490, 64491, 64492) |
| <input type="checkbox"/> Lumbar Medial Branch Block -Facet Injection (CPT Code: 64493, 64494, 64495)      |
| <input type="checkbox"/> Cervical/Thoracic Radiofrequency Ablation (CPT Code: 64633, 64634)               |
| <input type="checkbox"/> Lumbar Radiofrequency Ablation (CPT Code: 64635, 64636)                          |
| <input type="checkbox"/> Sacroiliac Injection (Facility Code G0260- Physician Code 27096)                 |
| <input type="checkbox"/> Discogram Cervical/Thoracic (CPT Code: 62291)                                    |
| <input type="checkbox"/> Discogram Lumbar (CPT Code: 62290)   |
| <input type="checkbox"/> Piriformis Injection (CPT Code: 64445)   |
| <input type="checkbox"/> Large Joint (Shoulder, Hip, Knee, Coccyx) / Bursa Injection (CPT Code: 20610)    |
| <input type="checkbox"/> Small Joint (Wrist, Elbows, Ankle) Injection (CPT Code: 20605)                   |
| <input type="checkbox"/> Digit (Finger & Toe) Injections (CPT Code: 20600)                                |
| <input type="checkbox"/> Occipital Nerve Block (CPT Code: 64405)  |
| <input type="checkbox"/> Hamstring Injections (CPT Code: 20552)   |
| <input type="checkbox"/> Ganglion Impar Block (CPT Code: 64520)   |
| <input type="checkbox"/> Genicular Nerve Block (CPT Code: 64450)  |
| <input type="checkbox"/> Genicular Nerve RFA (CPT Code: 64520)  |
| <input type="checkbox"/> Fluoroscopy for Spinal Procedure (CPT Code: 77003)                               |
| <input type="checkbox"/> Fluoroscopy for Non-Spinal Procedure (CPT Code: 77002)                           |
| <input type="checkbox"/> Ultrasound Guidance for Procedure (CPT Code: 76882)                              |