

Diamond Headache

Advanced Program

The Diamond Headache Clinic, Ltd. ("Clinic") is a unique team of healthcare professionals that focuses on the treatment of headaches. Part of what makes our practice unique is:

- We specialize in the treatment of headaches. We are the premier headache clinic in the US.
- We offer a broad array of clinical services that provide patients with continuity of care.
- Our treatment programs are individually designed and managed.
- Our patient model includes increased levels of patient support and patient interaction with the Diamond Headache Clinic team of professionals.
- Patients receive enhanced access to the Diamond Headache Clinic team when issues occur.

We call our patient model the **Advanced Program**.

DHC Advanced Program Participant

1460 N. Halsted Street, Suite 501
Chicago, Illinois 60642

Phone: (773) 388-6390

Toll Free: (800) 432-3224

Fax: (312) 867-7101

www.diamondheadache.com

Expiration Date: / / **Int:**

The Advanced Program will commence upon your acknowledgement below and upon receipt of payment.

The Clinic may terminate the Advanced Program or your participation for any reason upon thirty (30) days notice to you. Please note that your physician reserves the right to terminate the program if he/she feels it is not beneficial to your treatment plan and/or if the patient or family of the patient is abusing the program, program staff, and/or program limits. For patients terminated from the program, no refund or partial refund will be issued. The Advanced Program fee does not apply to any insurance benefits you may have or any deductibles, co-pays, and co-insurance that you are financially responsible for paying. The Clinic will bill you and/or your insurer for all non-Advanced Program services provided by the Clinic.

Any notices from the patient to the Clinic regarding cancellation of his/her enrollment or automatic renewal in the Advanced Program must be made by a direct phone call, in person, or in writing to:
Diamond Headache Clinic
Attn: Advanced Program Coordinator
1460 N. Halsted Street, Suite 501
Chicago, IL 60642
800-432-3224

I have read this document in its entirety and understand the contents of this document. I have had the opportunity to ask questions regarding the Advanced Program, and my questions have been satisfactorily answered. By signing the acknowledgement below, and payment of the Advanced Program fee, I request that I be allowed to participate in the Advanced Program.

Print Name of Patient/Guardian

Date: _____

Signature of Patient/ Guardian



Advanced Program

Advanced Program

We have developed the Advanced Program as a comprehensive approach to the treatment of headaches that is based on the needs of our patients. The Advanced Program includes a high degree of patient care coordination, communication, and enhanced access to your multi-disciplinary team at the Diamond Headache Clinic. We have found this approach to be beneficial to our patients.

Depending on your needs, the following elements of care may be provided to you:

- Enhanced access, ongoing support, oversight, coordination, and guidance by the Diamond Headache Clinic healthcare team.
- Education and interaction with our nursing staff on medication management and treatment.
- Urgent headache intervention – discussion and medication changes with the triage nurse during the day.
- After-hours access to a provider who specializes in headache treatment.

What is NOT included in the Advanced Program:

- Biofeedback sessions. (Biofeedback package is available for inpatient/outpatient sessions.)
- Any services or medications covered by Medicare, Medicaid, or private insurance.
- Psychological services. (Discount available for self-pay patients.)
- Physician phone consultations in lieu of an appointment (coordinated by your physician's RN)
- Clinic procedures. (Botox treatments, nerve blocks, trigger point injections, etc.)

New Patient Advanced Program

The fees for the Advanced Program are not covered by insurance benefits, but are designed to cover expenses associated with providing patients a higher level of care. The following is a summary of the fees:

Length: 1 year from date of your enrollment.

Cost: \$500 for the first year. We will require a credit card payment prior to the first use of the Advanced Program services. We will consider payment plans upon request.

Program Limitations: There is a 30 phone call/ e-mail limit per year that may or may not include provider intervention. Any additional phone calls/ e-mails above 30 will be charged our standard rates which range from \$50.00 to \$150.00 per occurrence.

Renewal Advanced Program

The renewal of the Advanced Program is automatic for any patient who has completed one year in the program and who receives a recommendation to continue the program from their physician.

Length: 1 year from anniversary date.

Cost: \$350/ year at the anniversary date of the patient's original date of enrollment. We will require a credit card payment. We will consider payment plans upon request

Program Limitations: There is a 30 phone call/ e-mail limit per year that may or may not include provider intervention. Any additional phone calls/ e-mails above 30 will be charged our standard rates which range from \$50.00 to \$150.00.

Other Information

All correspondence you have with a DHC physician and/or member of our healthcare team will be documented in our electronic medical record system. These communications will become part of your permanent medical record.

If your provider chooses to correspond with you via e-mail, you should be aware that e-mail communication is not appropriate for time-sensitive or urgent contact with the Clinic. Such time sensitive or urgent communications should be conducted by telephone or in person. Emergency issues should be handled by calling 911. You also should be aware that e-mail is not a secure medium for receiving or sending personal health information. Although the Clinic will take reasonable steps to preserve confidentiality, the confidentiality of such communications cannot be ensured or guaranteed. Utilizing e-mail as means of communicating and treating patients is at the sole discretion of the physician who is treating your condition.

If you are not responding to intervention via phone/e-mail, then your physician reserves the right to cease the phone/e-mail correspondence and require you to be seen **in the office** for further treatment.

The Advanced Program will commence upon your acknowledgement below and receipt of payment.