

Ali Shakir, M.D.
Arsal Ahmad, M.D.
Mark J. Pelegrino, M.D.
Carla Rose, PA-C
Priscilla Hood, PA-C
Carrie Eckhauser, PA-C
Maureen Dangelo, PA-C



Board Certified in
Physical Medicine &
Rehabilitation
Phone: 330-498-9865
Toll Free: 330-529-7500
Facsimile: 330-498-9869

Name: _____

Appointment Date: _____ Arrive at: _____

- Mark J. Pellegrino, M.D.
 Ali Shakar, M.D.
 Arsal Ahmad, M.D.

WELCOME to Ohio Pain & Rehab Specialists. We appreciate you choosing us to serve your medical needs. **If you need to cancel or reschedule your appointment we respectfully request 48 hour notice.** If you fail to cancel your office appointment at least 48 hours ahead or fail to show up for your scheduled appointment, you will be charged a "No Show Fee." The fee is \$50.00 for established patients and \$100.00 for a consultation or new patient visit. If you fail to cancel or show for your spinal injections, fluoroscopy or EMG, you will be charged a \$250.00 "No Show Fee."

If you would like us to bill your insurance for your visit, please give your insurance card to the receptionist to copy. If you do not bring the card, you will be held responsible for payment of the charges in full at the time of service. **Co-pays are collected at the time of service.**

If your visit is due to a **Worker's Compensation claim**, you will need to give us your Worker's Compensation number, date of injury, physician of record and employer at the time of the accident. Please let us know if your claim is through the State or if it is through a self-insured Worker's Compensation company. If you do not give us all of the proper information, you will be responsible for payment of your visit.

If your visit is due to a **motor vehicle accident/personal injury case**, and you do not have health insurance, you will need to pay for the visit at the time of check in. We do not accept personal checks. We will accept Visa/MasterCard, cash or bank check for this payment.

Please complete all of the questions on the Patient Information Sheet and bring the following information with you:

- Please bring your current medication list, pharmacy name and phone number
- To best serve your medical needs we request that you also bring lab results, x-rays and MRI from the last year.
- X-ray report/films within the past two years for Dr. Shakir.
- X-ray report/films within the past six months for Dr. Ahmad and Dr. Pellegrino
- **If scheduled for injections, please bring a designated driver with you.** This is a mandatory safety measure. Failure to bring a designated drive could result in the rescheduling of your appointment and charge of a "No Show Fee." If having a driver is not possible, it will need to be discussed with your doctor in advance.

Enclosed is a map and directions to the location of your scheduled appointment. **Please arrive 30 minutes prior to your designated appointment.** Please feel free to call the office if you have any questions or concerns.

The patient is responsible for any services not covered by insurance. Co-pays and deductibles must be paid in a timely manner. Any past due balances must be paid prior to any future requests, i.e., prescription refills, appointments, etc.

6651 Frank Avenue N.W.
North Canton, Ohio 44720