



# PATIENT INFORMATION BOOKLET





## DIRECTIONS

### **HonorHealth Pain Management Center:**

Take the 101 North to Tatum Blvd (Exit 31) turn Right (West) on Union Hills or AZ 51 North to Union Hills (Exit 14) turn Left (East) on Union Hills. The center is located at the South end of the parking lot across from the daycare center.

Parking: Limited covered parking and handicap parking is available in front of the Main entrance. Additional parking is available near the center on the South and West side of the main entrance.

### **HonorHealth Pain Management Center**

4727 E. Union Hills Drive, Suite 300

Phoenix, AZ 85050

Tel **602.293.3382** • Fax **602.466.1169**





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## **IMPORTANT CONTACT NUMBERS:**

HONORHEALTH PAIN MANGEMENT CENTER MAIN LINE ..	(602) 293-3382
FAX NUMBER .....	(602) 466-1169
SCHEDULING DEPARTMENT.....	(480) 767-2244
PATIENT BENEFITS NUMBER.....	(480) 767-3743
BILLING DEPARTMENT LOCAL NUMBER .....	(480) 767-2171
BILLING DEPARTMENT TOLL FREE .....	(866) 921-2171
BUSINESS OFFICE MAIN LINE .....	(480) 207-3737

# WELCOME

## Welcome to HONORHEALTH PAIN MANAGEMENT CENTER

It is our goal to ensure you have a positive experience throughout the entire process as we work with your Physician and their staff to coordinate your care with us. Your Physician is an integral part of HonorHealth Pain Management Center, which is why they have chosen our center as the facility to meet your healthcare needs. We want to make you aware of the following few things that will help you better understand what you can expect from your experience.

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### Coordinating with your Physician

Now that your Physician has determined you're in need of a procedure, we've been contacted by your Physician's office to schedule that procedure. Prior to your procedure being scheduled, we received your insurance information and an authorization from your insurance company for you to receive care at our facility. When we received your insurance authorization we also confirmed your insurance information and you are an eligible patient for Procedure at our facility based upon your health plan.

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### Am I ready for my Procedure?

Your Physician may have given you instructions about what you needed to do before your procedure. Please follow their instructions.

We request that you enter your medical history online with ***One Medical Passport (www.onemp.com) as soon as your Procedure has been scheduled.*** You may also receive a call from our nursing staff is to simply confirm information with you. If you are unable to complete you history on-line, please contact us and request to speak to a PreOp nurse at **602-293-3382**.



# ONLINE HISTORY

## Online Pre-Procedure History Instructions

Dear Patient,

Welcome to HonorHealth Pain Management Center. We're very pleased that you and your physician have chosen us to care for you.

To start the pre-procedure assessment process, HonorHealth Pain Management Center requests that you fill out your medical history online with One Medical Passport.

We ask that you enter your medical history as soon as your Procedure has been scheduled. Once you do this, our Pre-Procedure Assessment nurse will be able to access the information you entered online. This information will assist the nurse in organizing and documenting your complete medical history to prepare for your Procedure.

### **To begin your online Pre-Procedure Assessment:**

- 1) Go to our website: [www.onemp.com](http://www.onemp.com)
- 2) Get started by clicking "Register"
- 3) Select the option to create a passport for a **Medical Facility and Physician**.
- 4) Select the state, **(AZ)** then select **HonorHealth Pain Management Center**.
- 5) Complete the registration and medical history screens, click Finish to submit your Medical Passport to the medical facility

Be sure to have the following information available before starting your *Medical Passport*:

- Your health insurance information.
- The name of your physician.
- A list of all medications you are taking, their dosage and frequency.
- A list of surgical procedures you have ever had and their approximate dates

***Note: If you are not able to complete your history online or if you require assistance, please call our Pre-op nurse between 10:00 a.m. and 5:00 p.m. at (602) 293-3382 as soon as possible to assist you in completing your medical history. You will still need to have the above information available when you call. Please allow at least 20 minutes for this call.***

#### About One Medical Passport

Completing a One Medical Passport medical history online is easy. For most patients, filling out the entire questionnaire takes less than 30 minutes. Please fill out the questionnaire accurately, and be assured that all of your information is kept confidential and will be thoroughly reviewed by your medical team. At any time, you can quit filling out the questionnaire and come back and complete the unfinished portion at a more convenient time.

*One Medical Passport* is a website that allows you to enter your information at any time from anywhere. You can also print out a copy of your medical history after you create it online and keep it with you or with your other health care documents, as well as have access to it online anytime you need it or want to update it.

# INSURANCE & BILLING

Your procedure at **HonorHealth Pain Management Center, an Ambulatory Surgery Center**, will involve a number of separate and distinct services that will be billed to your insurance.

- HonorHealth Pain Management Center Facility Fee
- Surgeon/Physician Fee
- Assistant Surgeon/Physician Assistant Fee (if applicable)
- Anesthesia Fee (If applicable)
- Lab/Pathology Fee (If Applicable)

## CO-PAYS

Your insurance plan may have different coverage levels for different services. For example, you may be responsible for paying your physician a co-pay for his/her professional fees for Procedure. In addition to the physician co-pay, you may also have a facility co-pay. Payment is expected at the time of service.

## CO-INSURANCE

Co-insurance is a percentage of the procedure charges (e.g., insurance plan pays 80% and you pay 20%), subject to your plan's coverage limits. You may owe-coinsurance to either the physician or Procedure center or both. Also beware that co-insurance may be in addition to your co-pay. Payment is expected at the time of service.

## DEDUCTIBLES

You may also have an annual deductible amount that must be met by you prior to any payment of services by your insurance. In this case, you may have *both* an annual deductible and co-insurance that is your responsibility. Payment is expected at the time of service.

Every insurance plan is different. You may have a co-pay, co-insurance, and deductible or some combination of the three. It is your responsibility to understand your plan and benefits. We will help you! Prior to Procedure you will receive a call for HonorHealth Pain Management Center's business office. We will verify your insurance and give you an estimate of your patient responsibility, based on what your physician has scheduled. **The amount that is quoted to you is based on HonorHealth Pain Management Center's contracted rate with your insurance. Your estimated patient responsibility is due at the time of service.**

## DAY OF PROCEDURE

Please remember to bring all insurance cards and other pertinent documents with you on the day of Procedure so that we may process your insurance papers for you. We accept American Express, Visa, and MasterCard with credit card approval on the date of payment.

## BEFORE PROCEDURE

Now that your procedure has been scheduled you will receive a call from your business office to discuss your procedure. Since we've already verified your insurance benefits, this call will be to confirm the information we received from your insurance company and Physician's office is correct and to let you know what your co-pay/co-insurance payment/deductible amount will be on the day of your procedure. If you don't have a copay/co-insurance payment due, or if you have secondary insurance, then you may not have any payment due on the day of your procedure.



## CARECREDIT PAYMENT PLAN OPTIONS

Our center has partnered with CareCredit to offer a variety of payment plans for patients through their services for patients that need alternative payment methods for services rendered at our center.

In order to qualify for use of CareCredit at our center you must have a balance or estimated balance due prior to services being rendered of **\$300 or greater**.

Payment Period	Minimum Amount	Interest Rate
6 Months	300	This is a promotional rate. No interest will be charged if balance is paid in full within 0.00% promotional period.
24 Months	1000	APR and monthly payments are 14.00% fixed for the period.
36 Months	1000	APR and monthly payments are 14.90% fixed for the period.
48 Months	1000	APR and monthly payments are 14.00% fixed for the period.
60 Months	2500	APR and monthly payments are 16.9% fixed for the period.

***Note: This is only a summary of CareCredit's credit policy please contact CareCredit for all terms and conditions that apply.***

If you would like to pay for services at our center with CareCredit you may apply for a Care Credit Account through the following options:

### Online Application

- Go to [www.carecredit.com](http://www.carecredit.com)
- Fill out the patient application
- Receive decision almost instantly

### Automated Phone Application

- Call (800) 365-8295 and follow the prompts
- Receive decision almost instantly

### Smartphone

- Go to [www.carecredit.com](http://www.carecredit.com) and select apply
- Fill out the patient application
- Receive decision almost instantly

***Once you application is complete please provide your account number to our center for processing.***

## BEFORE PROCEDURE

***Please follow these guidelines the day before your procedure to ensure that your operation goes smoothly:***

- All patients must arrange to be accompanied and transported by a responsible person if anesthesia or sedation is given. Patients receiving local anesthesia only may drive themselves home.
- Notify your physician as soon as possible if there is any change in your physical condition, such as a cold or fever.
- You will receive a phone call from our Nursing and Administrative Staff 1-3 days prior to Procedure to review all instructions regarding your procedure.
- If you are receiving sedation, do not eat solids six **(6) hours** prior to the scheduled time of the procedure. You may have clear liquids up to two **(2) hours** prior to the scheduled procedure. Clear liquids include: water, fruit juices without pulp, black coffee, carbonated beverages such as 7-Up, clear tea. Please contact us if you have any questions.
- Patients receiving local anesthesia only do not have any diet restrictions
- **Medications:** Take your regularly scheduled medications unless otherwise instructed by your physician or the center admission nurse. If you take aspirin or blood thinning medications please notify your physician.

**\*Failure to follow these instructions may result in the cancellation of your Procedure.**

## DAY OF PROCEDURE

- Wear loose, comfortable clothing such as sweat suits and easy to button shirts or blouses and comfortable shoes.
- Leave all valuables, including jewelry and cash, at home. We cannot be responsible for lost or damaged property.
- Please bathe or shower prior to your procedure.
- Bring a list of your medications and supplements with you on the day of your procedure, both prescription and non-prescription.
- Bring all insurance cards and a Government issued picture ID with you to the center.
- Be prepared to sign a form giving your consent for the procedure
- A nurse will provide you with a patient gown, and a bag to store your clothing in once you are in the preoperative area. We will also check your temperature, blood pressure and pulse and ask you to empty your bladder before procedure. If you receiving sedation, an intravenous line will be started to administer medications.
- **Due to the limited lobby seating, please make every effort possible to bring only one person with you if you are required to have a driver.**
- Your family will be asked to wait in the front lobby.

## AFTER PROCEDURE

- Before you leave the center you will be given written instructions for your care at home.
- After you have returned home, you may resume your regular diet.
- Do not sign any important papers or make any significant decisions for at least 24 hours if you received sedation.
- If you have any questions or problems after procedure, please contact your doctor.
- A nurse from the center will phone you within a few days after your Procedure to see how you are and answer any additional questions you may have.
- Do not drive a car, smoke, drink alcoholic beverages, and operate machinery for 24 hours after procedure if you received sedation or anesthesia.

**For any questions or concerns please call and speak with  
a PreOP Nurse at: 602-293-3382.**

# Patient Quick Start Guide

Physician: \_\_\_\_\_ Procedure Date: \_\_\_\_\_

HonorHealth Pain Management Center asks that you complete pre-admission with One Medical Passport. The website guides you to enter your medical history online to help us to provide you with the best possible care and minimize long phone interviews and paperwork.

## Begin Pre-Admission on the One Medical Passport Website

Begin at: [www.onemedicalpassport.com](http://www.onemedicalpassport.com) which will take you to the One Medical Passport home page shown below.

**Create Your One Medical Passport Account** First time users of onemedicalpassport.com should click the green **Register** button, fill out the Account Registration and login information. After clicking “Save and Continue” Choose the option to create a **“Medical Passport for an upcoming surgery, procedure or consult.”** Select your state and facility and click “Continue”. Answer the questions on each page and click save and continue. Once complete, you will be prompted to click **Finish** to securely submit your information.

## First Time Website Users Click Register

Username you chose: \_\_\_\_\_

## Returning Users (for changes or reuse)

Enter the username and password you chose to access or update your account.



## Help Completing Pre-Admission

Each page has a **Help** link you may click for assistance. If you are unable to complete online pre-admission, please call (602) 293-3382 during business hours for a phone interview.

## **POLICY ON ADVANCE DIRECTIVES AND LIVING WILL**

Patients with Advance Directives and/or a Living Will are responsible for informing their physicians, as well as the facility and providing a copy. A copy shall be placed in the patient's medical record. In the event your Advance Directive contains restrictions on resuscitation, the anesthesiologist and your surgeon shall be notified. The "No Resuscitation" directive will be determined based on the patient's condition at the time of the event.

If requested, the patient shall be provided information on Advance Directives and/or referred to the Arizona Advance Directive Registry at [www.azsos.gov](http://www.azsos.gov)

# PATIENT RIGHTS & RESPONSIBILITIES

**HONORHEALTH PAIN MANAGEMENT CENTER OBSERVES AND RESPECTS A PATIENT'S RIGHTS AND RESPONSIBILITIES WITHOUT REGARD TO AGE, RACE, COLOR, SEX, NATIONAL ORIGIN, RELIGION, CULTURE, PHYSICAL OR MENTAL DISABILITY, PERSONAL VALUES OR BELIEF SYSTEMS.**

## PATIENT RIGHTS

- Become informed of his or her rights as a patient in advance of, or when discontinuing, the provision of care. The patient may appoint a representative to receive this information should he or she so desire.
- Exercise these rights without regard to race, national origin, religion, gender, sexual orientation, age, disability, marital status or diagnosis or the source of payment for care.
- To receive privacy in treatment and care of personal needs and considerate and respectful care, provided in a safe environment.
- Shall not be subjected to: Abuse, neglect, exploitation, coercion, manipulation, sexual abuse, sexual assault or seclusion.
- To receive treatment that supports and respects the patients cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. To assure these preferences are identified and communicated to staff, a discussion of these issues will be included during the initial nursing admission assessment.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Appropriate assessment and management of pain.

Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.

- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her.
- Receive information from his/her physician about his/her illness, health status, diagnosis, course of treatment, outcomes of care (including unanticipated outcomes), and his/her prospects for recovery in terms that he/she or the patient's representative can understand.
- Receive information about any proposed treatment or procedure he/she may need in order to participate in the development of the plan of care, give informed consent or to refuse the course of treatment and to participate in planning for care after discharge.
- Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.



## **PATIENT RIGHTS & RESPONSIBILITIES CONTINUED >**

- Formulate advance directives regarding his or her healthcare, and to have facility staff and practitioners who provide care in the facility comply with these directives (to the extent provided by state laws and regulations).
- Have a family member or representative of his or her choice notified promptly of his or her visit to the facility, if requested.
- Have his or her personal physician notified promptly of his or her visit to the facility.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and, as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment. All necessary aids including translation and interpreting shall be made available at no cost to the patient being served.
- Access information contained in his or her medical record within a reasonable time frame (usually within 48 hours of the request).
- Reasonable responses to any reasonable request he/she may make for service.
- Leave the facility even against the advice of his/her physician.
- May consent to or refuse treatment.
- May participate or refuse to participate in research or experimental treatment.
- May refuse or withdraw consent to treatment before treatment is initiated.
- Reasonable continuity of care.
- Be advised of the grievance/complaint process, should he or she wish to communicate a concern regarding the quality of the care he or she receives. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the facility contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- Shall not be subject to retaliation for submitting a complaint or grievance to the Arizona State Department of Health Services or any other entity.

## **PATIENT RIGHTS & RESPONSIBILITIES CONTINUED >**

- Be advised if facility/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
- Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a full informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge.
- To receive a referral to another health care institution if the facility is unable to provide health services for the patient.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- To receive assistance from a family member, representative, or other individual understanding, protecting, or exercising patient's rights.
- All facility personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients' rights.

## **PATIENT RESPONSIBILITIES**

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect:

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.
- The patient is responsible for reporting perceived risks in his or her care and unexpected changes in his/her condition to the responsible practitioner.
- The patient and family are responsible for asking questions about the patient's condition, treatments, procedures, Clinical Laboratory and other diagnostic test results.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient and family are responsible for immediately reporting any concerns or errors they may observe.

## **PATIENT RIGHTS & RESPONSIBILITIES CONTINUED >**

- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- The patient is responsible for assuring that the financial obligations of his/her facility care are fulfilled as promptly as possible.
- The patient is responsible for following facility policies and procedures.
- The patient is responsible for being considerate of the rights of other patients and facility personnel.
- The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.
- The patient is responsible for providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by provider.

In the event you feel we have not satisfactorily met your needs or have concerns regarding your experience at HonorHealth Pain Management Center, please contact:

**ADMINISTRATOR  
HONORHEALTH PAIN MANAGEMENT CENTER**  
4727 E. Union Hills Drive, Suite 300  
Scottsdale, AZ 85050  
**(602) 293-3382**

In the event that your grievance was not addressed to your satisfaction you may contact:

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
Attn: Bureau Chief - Office of Medical Facilities Licensing  
150 N. 18th Ave, Suite 450 • Phoenix, AZ 85007  
**(602) 364-3030**  
[http://app.azdhs.gov/ls/online\\_complaint/MEDComplaint.aspx](http://app.azdhs.gov/ls/online_complaint/MEDComplaint.aspx)

Medicare beneficiaries may contact:  
**MEDICARE OMBUDSMAN**  
**(800) 633-4227**

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

**Accreditation Association for Ambulatory Healthcare (AAAHC)**  
**(847) 853-9028**  
[www.aaahc.org](http://www.aaahc.org)

# PATIENT PRIVACY NOTICE

**THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.**

- Your confidential healthcare information may be released to other healthcare professionals within the organization for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the organization receiving payment for providing you with needed healthcare services. You have the right to request restrictions of disclosure to health plans for payment or health care operations regarding services for which you have paid in full out of pocket.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by the organization to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you. You have the right to opt in to receiving notices electronically.
- You may be contacted by the organization for the purposes of raising funds to support the organization's operations. You have the right to opt out of any fund raising activities.
- You have the right to restrict the use of your confidential healthcare information. However, the organization may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.

## PATIENT PRIVACY NOTICE CONTINUED >

- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- The organization is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information. You have the right to be notified in the event of a breach in your personal health information.
- The organization will abide by the terms of this notice. The organization reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- You have the right to complain to the organization or to the U.S. Department of Health and Human Services if you believe your rights to privacy have been violated.

If you feel your privacy rights have been violated,  
please mail your complaint to the organization:

**Administrator**  
**HonorHealth Pain Management Center**  
**4727 E. Union Hills Drive, Suite 300**  
**Phoenix, AZ 85050**  
**(602) 293-3382**  
**Fax: (602) 466-1169**

All complaints will be investigated.  
No personal issue will be raised for filing a complaint with the organization.  
For further information about this Privacy Notice, please contact:

**Director of Quality and Regulatory Compliance**  
**HonorHealth Pain Management Center**  
**4727 E. Union Hills Drive, Suite 300**  
**Phoenix, AZ 85050**  
**(602) 293-3382**  
**Fax: (602) 466-1169**





## NOTICE OF FINANCIAL INTEREST/OWNERSHIP

**HonorHealth Pain Management Center** is an Ambulatory Surgery Center (ASC) owned and operated by a group of physicians who have come together to provide you with an alternative to the hospital. ASCs are recognized for their lower infection rates, minimal wait times and optimal patient care. Your surgeon may be among those physicians who have invested their time and resources to make this Procedure center a reality; providing you a health care alternative that better meets your needs. You have the right to choose any other organization for the purpose of obtaining the services ordered or requested.

Providers with Financial Interest:

Lisa Stearns, MD

Peter Kubitz, DO

Mark Rubin, MD

J. Julian Grove, MD

**HONORHEALTH™**

**PAIN MANAGEMENT  
CENTER**



*Accredited by the*

ACCREDITATION ASSOCIATION  
*for* AMBULATORY HEALTH CARE, INC.



**HONORHEALTH™**

## **PAIN MANAGEMENT CENTER**

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