

**WELCOME TO OUR PRACTICE**

Patient Name: \_\_\_\_\_

You have an appointment scheduled on \_\_\_\_\_

With \_\_\_\_\_ @ \_\_\_\_\_

**PRIOR TO BEING SEEN YOU WILL NEED TO PROVIDE US YOUR  
INSURANCE CARD(S) & DRIVERS LICENSE**

**PLEASE READ THE FOLLOWING PRIOR TO YOUR VISIT**

- ◆ Please fill out the enclosed paperwork and bring it with you to your appointment.
- ◆ **Also** remember to bring any pertinent medical records and a list of all prescribed medications.
- ◆ Please note the Doctors **do not** participate with EDS/MEDICAID
- ◆ If you do not have medical insurance, payment in full is expected at the visit. Financial arrangements must be made prior to your visit with the Office Manager.
- ◆ Any Insurance **Copay is due at the time of the visit. We do not bill office copays.** We accept cash, check, Visa and Mastercard.
- ◆ If you need a referral from your insurance company this needs to be obtained prior to your appointment. If you do not have your referral at the time of your visit we will reschedule your appointment.
- ◆ If there are any questions, please feel free to give us a call prior to your appointment. We look forward to meeting you.

If unable to keep appointment kindly give 24 hours notice.

**THANK YOU**