

WESTERN WASHINGTON MEDICAL GROUP DEPARTMENT OF SURGERY

This letter is to confirm your appointment with Dr. _____
on: _____ at _____.

We have prepared this packet of information and patient forms in order to help make your first visit a convenient and pleasant experience. We ask that you please complete the attached paperwork to the best of your knowledge.

When you come for your appointment, please bring the following:

- Completed Patient Registration Form
- Completed Patient History Forms
- Signed Financial Policy
- Medical Insurance Card (we cannot bill your insurance unless we have a copy of the card and you will be responsible for all charges.)
- Written referral from your primary care physician, if required by your insurance.
- Previous x-rays, ultrasounds, mammograms, laboratory tests & medical records related to this condition from your primary care physician.
- Photo ID will be required at the time of check-in in order to protect you from identity theft.

Please be prepared to pay for the following at the time of your visit:

- Co-payment (we would appreciate the exact \$ amount due to the fact the office does not carry an excess amount of change.) **Please note that our office only accepts cash or checks for the co-payment, no credit or debit cards are accepted for co-payments.**
- If no insurance, please call and we will be glad to give you an estimate of what the cost of the visit will be.

A note about referrals:

You cannot assume that your referral has been approved unless you have received confirmation **from your insurance company**. Please call either your Primary Care Physician or our office to make sure that the referral has been done prior to your appointment.

Our entire staff is here to help you in whatever manner we can, if you have any questions please feel free to give us a call prior to your appointment.

IF THE ATTACHED PAPERWORK IS NOT FILLED OUT AND BROUGHT IN WITH YOU PLEASE ARRIVE TO YOUR APPOINTMENT 20 MINUTES EARLY.

THANK YOU