



Western Washington
Medical Group

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Ear Nose & Throat, Allergy, and Audiology

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Welcome,

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 Medical History Questionnaire Forms
- Signed HIPAA Forms
- Signed Cancellation Policy
- Signed Financial Policy
- Medical Insurance Card (we cannot bill your insurance unless we have a copy of the card.)
- Written referral from your primary care physician, if required by your insurance.
- Previous x-rays, ultrasounds, CTs, lab tests, and medical records related to this condition. Your visit may be incomplete without these.
- Photo ID will be required at the time of check-in in order to help protect you from identity theft.

Co-payments are required at the time of service. If you do not have insurance and will be self paying for your services we require a \$100.00 down payment at the time of service.

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. We look forward to meeting you.

IF THE ATTACHED PAPERWORK IS NOT COMPLETED PRIOR TO YOUR ARRIVAL, PLEASE PLAN TO ARRIVE 30 MINUTES BEFORE YOUR SCHEDULED APPOINTMENT TIME.