

Dear Patient,

An appointment is reserved for you with: _____

On: _____ at _____.

Please note X-Rays are completed on a walk-in basis. We recommend you check-in at this time

_____.

Welcome! And thank you for choosing the Providence St. Mary Neuroscience Institute to partner with you in your care.

Arrival after your appointed time will result in your appointment being rescheduled.

Before your scheduled visit with us, we ask that you please take the time to read the following information thoroughly. **In order for us to keep all patient appointments on time, please complete the enclosed forms and return to our office at least a week prior to your scheduled appointment with the self-addressed stamped envelope provided.** *If we do not receive the paperwork within this time frame your appointment will be rescheduled to a later date.* We appreciate 24 hours notice if you are unable to keep this appointment.

Please contact our office if you are unable to return these forms at least 1 week prior to your scheduled visit. We are happy to help facilitate other options for receiving these forms. New patient forms can be downloaded from our Neuroscience Spine Center Website: www.wallawallaspine.com, and emailed back prior to your visit at WallaWallaSpine@providence.org. If you do not have access to email we are also happy to fax these forms to your primary care physician's office.

Although our physicians make every effort to meet with patients at the appointed time, emergencies do happen that might make it necessary for us to reschedule your appointment. We will make every effort to notify you if this is necessary but often we have only a brief notice of the arrival of an accident victim and we may not be able to contact you in advance. We thank you for your understanding.

Please inform the physician if you have family members waiting for you in the reception area. Your initial appointment will include a physical examination for which you will not be required to dress down.

Part of your appointment will include registering you for MyChart. MyChart is a web application that allows you to communicate with your doctor and view portions of your medical record online. Here are the different ways you can sign up for MyChart:

- The first way is to get online at: www.providence.org/mychart and sign up directly through the website prior to your appointment with us. You can call 1-877-5MY-PROV (1-877-569-7768) if you have any questions or need assistance.
- The second way is through the MyChart app which can be accessed with any smart phone. Just go to your app store and look up Providence MyChart.
- The third way is to do it while you wait in the room for the doctor at your appointment. The nurse is available if you have any questions or need assistance.

If you are unable to keep a scheduled appointment please notify our office at least 24 hours in advance. Cancellations and no-show appointments are documented and reported to the referring provider so that they know the current status of their referral. Since we set aside a significant amount of time for the initial

examination, a no show of less than 24 hour cancellation will result in an inability to schedule a follow up appointment. Out of courtesy to other patients waiting to see the provider, please arrive on time. We realize there are emergencies and extenuating circumstances so if any of the above occur, please contact our office as soon as possible.

Payment options: We accept cash, check and credit card. Please bring your photo identification and insurance cards with you. If you do not have insurance, a \$75 down payment is requested. If you have concerns regarding your ability to pay please contact Financial Services at 855-229-6466.

Surgeries: Depending on your insurance plan benefits, you may be asked to make a deposit prior to elective surgeries.

Medicare: We will bill Medicare and we accept Medicare assignment.

Labor and Industry/Worker's Compensation Claims: Please notify our office in advance if your visit is related to an on-the-job injury. Authorization from the carrier is often needed. If you have a valid and open claim bring in your Social Security number, date of injury, employer at the time of the injury, claim number, labor and industry carrier and address.

Washington and Oregon Medicaid: Your co-payment will be due at the time of each visit. We do not accept Washington and Oregon Medicaid as payment for medical services rendered unless the services have been authorized in advance. You will be responsible for your bill if for any reason the State does not pay for your services.

Important reminder: Your health insurance policy is a contract between you and your health insurance carrier, rather than between your doctor and the insurance company. Co-pays are due at the time of your visit. Balance on services rendered is due after your insurance processes the claim.

Miscellaneous:

- A fee is charged for completion of reports, completion of forms, and for telephone consultations with the physician.
- The patient is responsible for ascertaining from your insurance company whether the physician is a participating physician and what services require pre-authorization.

THANK YOU for taking the time to read this information thoroughly and for filling out all the forms ahead of your scheduled visit with us. This letter is only a guideline and the information is subject to change and not intended to cover all circumstances. Please don't hesitate to call us if you have any questions concerning your visit or our fee schedule and payment arrangements. We look forward to seeing you at your upcoming visit!

Sincerely,

Providence St. Mary Neuroscience Institute

**Neuroscience
Suite 50**

David Yam, MD Doug West, PA-C
Jason Dreyer, DO Derek Sucharda, PA-C
Daniel Elskens, MD Nick Kupfer, PA-C

Tel: 509-897-8969 Fax: 509-897-5156

**Physiatry
Suite 220**

Adam Zierenberg, MD Stacey Bogdanowicz, PA-C
Glyn E.A Marsh, MD
Jonathan Morrill, MD

Tel: 509-897-8959 Fax: 509-897-5788