

Parveen S. Vahora MD PA

Dear Patient:

Your appointment is on _____, at _____.

Please plan to arrive at least 15 minutes before your appointment so we can finalize your information. If you are going to be more than 15 minutes late for your appointment, please call the office as soon as possible so we can find a more convenient time for you to see the physician. Please complete the enclosed forms and bring them and following items that apply to you:

- **All of your current Insurance Cards.**
- **Your driver's license or other photo ID.**

Please note originals of these must be brought with you in order to comply with the Red Flags/Identity Theft Program. If you do not bring these you will not be seen for your visit. Also if the address on your photo ID is different from your current address, you need to bring a copy of a utility bill or other correspondence showing your current address.

- A list of your current medications..
- Notes or letters from your other physicians or the physician who sent you here.
- Copies of any lab or test results or imaging studies including any ultrasound reports.

Please keep in mind:

If your insurance plan requires an authorization, please obtain an authorization number and bring it with you. The doctor will not be able to see you if you do not have an authorization. It is your responsibility to know your insurance coverage.

If your health insurance requires a co-pay or deductible, please be prepared to pay that amount when you check in.

If your insurance is a PPO/EPO/POS or you have a plan that has a deductible, you will be required to have a credit card on file. If you do not have a credit card we will require a check on file or cash deposit on your account prior to you being seen by the our practice.

If you do not have health insurance, or we are not providers for your insurance plan, **payment in full is due at the time of service.**

Thank you for choosing our practice. We look forward to taking care of your healthcare needs.

I _____ **HAVE READ AND UNDERSTAND THE PROVISIONS LISTED ABOVE.**

SIGNATURE of Patient or Legal Guardian

DATE