

Dear Patient:

This letter is to confirm your appointment for _____ at _____. **Please plan to arrive 30 minutes prior to this scheduled time to allow time for you and your significant other to sign consent forms that are required for your treatment.** It is important that your significant other is able to accompany you to your appointments as much as possible. With the type of care we provide, we may be unable to schedule/perform certain procedures without their signature.

To ensure that we have sufficient time to thoroughly review your medical history we require all RMCRCM forms (listed below) *and* your other provider records at least **30 days prior** to your appointment. **Getting your paperwork to us will ensure you a place on our cancellation list.** If we do not receive all requested information by _____ your appointment will be cancelled. It will be your responsibility to contact our office for a new appointment. If you must cancel or reschedule for any reason please contact us as soon as possible so we can offer you another appointment date.

- ✓ Patient Information Page
- ✓ Medical History Form

- ✓ Infertility Section
(if applicable)

In an effort to be HIPAA compliant and to protect your private health information and identity, we require that you **bring your photo I.D. and insurance card** to your first visit.

As a courtesy to you we will submit your insurance claims for you; however any co-payments will be collected at time of service. Please fill out the insurance information, on the first page, COMPLETELY so we can provide you with benefit information at your appointment. For any non-insured patients, fees for **all office visits and related charges are payable at the time of service.**

My staff and I appreciate your selecting our office for your health care. We recognize the trust and responsibility placed in us and we will do everything possible to provide for those needs. We look forward to seeing you!

Sincerely,

Kevin E. Bachus, M.D.
Enclosures