

PATIENT NAME: _____

PATIENT INSTRUCTION SHEET

This instruction sheet is provided to assist you in preparation for your consultation with our medical provider. Please read through the instructions carefully and thoroughly complete the forms requested of you to bring to our office the day of your appointment. Failure to comply with these instructions will cause delay in the registration process and/or **require your appointment to be rescheduled.**

HIPPA/Consent Form:

- Informs us that you have received a copy of the *Notice of Privacy Practices* form.
- Authorizes us to speak to someone other than yourself regarding your healthcare issues. This consent can be revoked, in writing, at any time by the patient or authorized representative.
- Consents that we may leave notification of “availability” of test results on your answering machine/voicemail, or with a family member.
- Informs you of your financial responsibility for all charges if not paid by insurance.

PLEASE BRING TO APPOINTMENT

- Completed History and Physical form-for **ALL** consults.
- Completed Sleep Assessment forms (3)- for **SLEEP** consults only.
- Any office notes, lab or tests results relating to your appointments from doctors **NOT** on the **Thedacare Epic System**.
- Any chest x-rays or CT chest scans that were done in facilities other than a **Thedacare** facility. These films can be put on DICOM discs or hand carried to appointment from referring locations. This is for **PULMONARY** consults only.
- Pharmacy/Homecare Form
- Insurance Cards
- Picture Identification
- List of current medications and dosage
- Any Co-payment due for an appointment as directed by your insurance company. Please note we are considered a **Specialty Clinic**.
 - **Uninsured patients**: Please be prepared to pay at the time of your appointment:
 - \$150.00 for office appointment only
 - \$250.00 for office appointment with pulmonary function testing

***Contact our office if you are unable to keep your appointment scheduled AT LEAST 24 hours in advance to avoid a \$50.00 cancellation fee, which is not covered by insurance.** A message can be left 24 hours a day, 7 days a week by calling either the Appleton office: 920-734-9600 or our Neenah office: 920-729-0608.

Note: Arriving late for your appointment and/or failure to have all forms completed at the time of your appointment could result in rescheduling of your appointment.