



Dear Patient—

Welcome to our practice! Thank you for choosing Advanced ENT & Allergy/HearMD for your care. By combining the best of modern medicine with a compassionate and personalized approach, we truly put our patients first. We would like to make your visit to our office as pleasant, friendly and convenient as possible. We understand that your time is valuable. Therefore, to minimize your wait time while in our office, we ask that you carefully read and fully complete the enclosed paperwork and bring it with you to your first appointment.

Items/Studies to Bring: To provide you with the best care, we will need to know your full medical history, any symptoms you may have and any treatment that you have received for your condition. Bring all pertinent radiology films, laboratory or test results to our office at the time of your visit. Please bring a list of your medications to your appointment, as well.

Referrals: We will ask you to present valid photo identification (e.g., driver's license) and your insurance card at each visit. If your insurance plan requires a referral, it is your responsibility to contact your primary care physician prior to the appointment. Our practice NPI # is 1679528426 Regional Otolaryngology. The referral must be issued to Regional Otolaryngology Group, NOT the physician you are scheduled to see. In most instances, your PCP can electronically issue the referral. Please note that we will have to reschedule your appointment if we do not have your referral.

Co-Pay: Please come to the office prepared to pay your specialist co-pay at the time of service. For your convenience, we accept Visa, Mastercard, AMEX, personal check or cash. A \$15 service charge will be assessed if you do not pay your co-pay at the time of service.

We value the trust that you have placed in our practice. Once again, thank you for choosing Advanced ENT & Allergy/HearMD, where you will receive the expertise you expect and the compassion you deserve.

If you need to contact the scheduling department about your appointment, please call **856-602-4000**, and our staff will be happy to assist you. Visit us at www.advancedent.com.

You have an appointment in our _____ office on _____
at _____ a.m./p.m. with Dr. _____.

The address of this office is located on the back of the attached business card.
Advanced ENT & Allergy Phone: 856-602-4000 – HearMD Phone: 856-602-4200
Advanced ENT & Allergy Fax: 856-946-1747 – HearMD Fax: 856-412-5030