THE PORRETTA CENTER FOR ORTHOPAEDIC SURGERY, P.C.
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WELCOME TO OUR OFFICE

Dear _____:

Your appointment is scheduled with:

Doctor _____ on _____ at _____.

We want your first visit and every visit thereafter to be as pleasant an experience as possible. We feel that by letting you know in advance what you will need at the time of your visit that your visit will go much more efficiently.

Please bring the following with you to your appointment:

1. Your insurance identification card(s);
2. Your driver's license (if patient is a minor, then driver's license of guarantor);
3. Actual X-ray, MRI, or other films and their reports (if you have had any taken);
4. If a Workers' Compensation carrier is to be billed, please bring written authorization;
5. If an Auto insurance carrier is to be billed, please bring the insurance company name, address, phone number, claim number and adjusters name;
6. If you are covered by an HMO, you must bring a referral form from your primary care physician. The Managed Care Services have instructed us not to see patients without a referral. If you do not bring your referral with you, you may be asked to reschedule your appointment.

Office visit co-pays are due at the time of your visit. You will be billed for deductibles and services not covered by your insurance. For your convenience we accept Cash, Checks, Visa, Mastercard, and Discover.

If you have any questions regarding any of the above, please feel free to give our office a call. We look forward to seeing you.