

**WESTERN WASHINGTON MEDICAL GROUP
DEPARTMENT OF UROLOGY**

Everett Office
4310 Colby Avenue, Suite 203
Everett, WA 98203
425-252-8102

Woodlands Office
1909 214th Street SE, Suite 211
Bothell, WA 98021
425-252-8102

This letter is to confirm your appointment with Dr. _____

on: _____ at _____.

We have prepared this packet of information and patient forms in order to help make your first visit a convenient and pleasant experience. We ask that you please complete the attached paperwork to the best of your knowledge.

When you come for your appointment, please bring the following:

- Completed Patient Registration Form
- Completed Patient History Forms
- Signed Financial Policy
- Signed HIPAA Form
- Medical Insurance Card (we cannot bill your insurance unless we have a copy of the card.)
- Written referral from your primary care physician, if required by your insurance.
- X-ray images, CT abdomen/pelvis, MRI abdomen/pelvis, IVP, KUB, Ultrasound, laboratory test results & medical records related to this condition. Your visit may be incomplete without these.
- Photo ID will be required at the time of check-in in order to protect you from identity theft.

Co-payments are required at the time of service. If you do not have insurance and will be self paying for your services we require a \$77.00 down payment at the time of service.

A note about referrals:

You cannot assume that your referral has been approved unless you have received confirmation **from your insurance company**. Please call either your Primary Care Physician or our office to make sure that the referral has been done prior to your appointment.

Our entire staff is here to help you in whatever manner we can, if you have any questions please feel free to give us a call prior to your appointment. We look forward to meeting you.

IF THE ATTACHED PAPERWORK IS NOT COMPLETED PRIOR TO YOUR ARRIVAL, PLEASE PLAN TO ARRIVE 15 MINUTES BEFORE YOUR SCHEDULED APPOINTMENT TIME.