

Dear New Patient:

Welcome to Arizona Arthritis & Rheumatology Associates. We look forward to meeting you. This letter will introduce you to our practice and allow you to complete a medical history form to aid in your care.

If you cannot keep the appointment on the attached card, please notify us within 48 hours of your appointment time. We attempt to confirm all new patient appointments 24 hours in advance.

**ATTENTION NEW PATIENTS:**

1. If you are more than 15 minutes late, you will need to reschedule your appointment.
2. If you cancel and reschedule 3 times, you will not be allowed to reschedule due to office policy.
3. If you no-show, you will not be allowed to reschedule due to office policy.

**Before Your Appointment:**

1. Please complete the health history form and bring it with you to your first visit.
2. **YOU ARE RESPONSIBLE FOR BRINGING ALONG ANY RECORDS AND/OR RECENT BLOOD TEST RESULTS FROM PREVIOUS DOCTORS THAT MIGHT HELP US.** If you ask your doctor to fax these records to us, call their office the day before your appointment to verify they have been sent. We have included an authorization for medical record release for your convenience. You may then give it to your referring physician to expedite the process. If x-rays have been done as part of the evaluation of your problem, please attempt to bring the actual films to your appointment. MRI films do not need to be brought, but a copy of the report would be helpful. This helps us provide a cost-conscious evaluation by not duplicating previous laboratory or radiographic studies.

**Getting to Your Appointment:**

1. Please plan on arriving 20 minutes in advance for your new patient appointment.
2. Directions to our office are enclosed with this letter. If you have any questions, please call us in advance for help.

## **Insurance Issues:**

To ensure your visit proceeds in a timely fashion, we ask for your help at the time of the first and all subsequent visits:

1. If you intend to use insurance, please provide our staff with your insurance information card. If your insurance changes, prompt notification to the staff will ensure accurate billing.
2. If your insurance requires an authorized referral for care at our practice, please secure this referral from your primary physician **prior** to your arrival at the office. Your visit cannot begin until a referral is received.
3. If you fall into one of the following categories, you will be expected to pay at the time of service unless special arrangements have been made.

- Commercial Indemnity (Deductible and Co-Pay)
- HMO and PPO (Co-Pay)
- Self-Pay (Total Bill)

We do accept Medicare assignment, however, you will be expected to pay co-payments and deductible amounts on the day of the visit.