



Dear Patient,

RE: IMPORTANT CHECKLIST TO COMPLETE BEFORE YOUR APPOINTMENT

On behalf of your physician, welcome to Tri-City Cardiology. Our goal is to provide you with very good care and service. This packet is an important part of our new patient registration process. Gathering this information will help us provide you with very good care and ensure accurate billing for the services we provide.

The following is a checklist of items included in this packet that need to be read and completed to the best of your abilities.

Please bring all completed forms with you at the time of your appointment.

READ

- Form 1**, Directions and Maps
- Form 2**, Communication Tips
- Form 3**, Important Message About Your Visit
- Form 11**, Important Message About Managing Your Medications, Prescriptions and Refill Requests

COMPLETE AND BRING WITH YOU TO YOUR APPOINTMENT

- Form 4**, Read and complete the PATIENT INFORMATION FORM (front & back)
- Form 5**, Read and sign the IMPORTANT MESSAGE ABOUT OUR FINANCIAL POLICY AND BILLING (front and back)
- Form 7**, Read, complete, and sign AUTHORITY TO RELEASE PRIVATE HEALTH INFORMATION
- Form 8**, Read, complete, and sign PATIENT ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES (back & front)
- Form 9**, Read, complete, and sign the SLEEP EVALUATION FORM
- Form 10**, Read and complete the PERIPHERAL VASCULAR HEALTH SCREENING QUESTIONNAIRE

BRING TO YOUR APPOINTMENT

- Your current medication list
- All of your current insurance cards
- Hospital discharge instructions
- All completed forms
- Your credit card (Visa or MasterCard), checkbook or cash for payment at time of service

If you have any questions regarding your upcoming appointment please call 480-835-6100, Option 2. We are excited about the opportunity to provide you with very good care and service. If you have any other questions or concerns, you may contact Mykl Garrett, CEO, at 480-993-1060. Thank you.