



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. If you cannot complete and mail these forms back to us at least one (1) week prior to your appointment, please bring them with you.

READ

- Form 1**, Read the APPOINTMENT CARD INFORMATION FORM. Remove your appointment card and keep it with your calendar
- Form 2**, Read the IMPORTANT MESSAGE ABOUT CALLING TRI-CITY CARDIOLOGY
- Form 3**, Read the IMPORTANT MESSAGE ABOUT REGISTRATION
- Form 10**, Read the IMPORTANT MESSAGE ABOUT MANAGING YOUR MEDICATIONS, PRESCRIPTIONS AND REFILL REQUESTS

COMPLETE AND RETURN

- 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 6**, Read, complete, and sign the AUTHORIZATION TO RELEASE HEALTH INFORMATION FORM. This form must be given to your physician who referred you to Tri-City Cardiology.
- Form 7**, Read, complete, and sign AUTHORITY TO RELEASE MEDICAL INFORMATION FORM
- Form 8**, Read, complete, and sign PATIENT ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICE (back & front)
- Form 9**, Read, complete, and sign the SLEEP EVALUATION FORM

If you return these forms by mail:

- Place **Forms 4, 5, 6, 7, 8, and 9** in the self-addressed, stamped white envelope
- Mail the self-addressed, stamped white envelope to Tri-City Cardiology at least one (1) week prior to your appointment

If you are unable to return these forms by mail:

- Bring **Forms 4, 5, 6, 7, 8, and 9** with you to your appointment and give them to the registrar at time of registration

BRING TO YOUR APPOINTMENT

- Bring all of your prescription medication bottles with you
- Bring all of your current insurance cards

If you have any questions regarding your upcoming appointment please call 480-835-6100. 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.