

Welcome and thank you for choosing our practice. For your visit with us, we need you to bring the following information with you when you come for your appointment: You may also mail or fax (804-288-7135) the completed and signed forms to us prior to your visit.

- ❖ Your **insurance card(s)**.
- ❖ A **referral** – If your insurance requires you to have one to see a specialist, you must bring it with you at the time of your visit. If you do not have one, you may have the option of being self-pay for that visit or rescheduling.
- ❖ Your **co-payment** – Is expected at the time of your visit. We accept cash, checks and credit cards for your convenience.
- ❖ Your **completed and signed registration form** that has been enclosed in this packet of information. Please sign the back of the form.
- ❖ The completed **Drug Form** listing all of the medications that you are currently taking, as well as any allergies that you have.
- ❖ The signed **Written Acknowledgement** that you received a copy of our Notice of Privacy Practices.
- ❖ The signed **Treatment and Payment Policy** form.

To help you find us, we have enclosed the directions to our office.

Please arrive 15 minutes early so that we can process your information prior to your appointment.

#### FOR PARENTS/GUARDIANS

If you are a parent/guardian with a minor child and you are sending the child with someone who is not the legal guardian OR if your child is driving him/herself, we **must** have the Treatment and Payment Policy form signed by the parent/guardian in order for the minor child to receive care by our providers.

If you need any additional information or have some questions, please call us at (804) 282-0831. We will be happy to help you.

We are striving to give you the best medical care possible. Please feel free to give us suggestions of how we can better serve you.

Sincerely,

The Doctors and Staff of Commonwealth Dermatology