

CHEYENNE UROLOGICAL, PC
2301 House Ave, Ste 502
Cheyenne, WY 82001
(307) 635-4131 ** (800) 375-9406 ** Fax (307) 635-4134

Welcome: _____

Enclosed are the new patient information sheets for you to fill out completely before your appointment on ____/____/2013 at _____am / pm with provider:

- James A. Lugg, M.D. John F. Bryant, M.D. B. Douglas Harris, D.O.
 Randy Everett, M.D. Katherine Kopp, APRN, FNP-C

At our:

Cheyenne Office 2301 House Avenue Ste 502, Cheyenne WY

We have contacted your Health Insurance Company and verified eligibility and benefit information. According to your Health Insurance Company and your benefits are as follows:

Copay: \$ _____
Deductible: \$ _____ Met to date: \$ _____
Co-Insurance: \$ _____ Met to date: \$ _____
Effective Date: _____ Pre-Existing: Yes / No
The UCR (usual, customary, and reasonable) percentage is _____.

In the event you do not have Health Insurance or not met your deductible with your Health Insurance, you will have to pay \$200.00 for services rendered, and the rest will need to be paid according to Cheyenne Urological payment policy.

Our credit and payment policy is enclosed and will need to sign on the day of your appointment.

At this time you will be responsible to pay \$ _____ at time services are rendered.

Please bring the following information with you at the time of your appointment:

- 1. Bring back new patient packet completed.**
- 2. Primary, Secondary, and Tertiary Insurance cards.**
- 3. Bring your drivers license and/or photo identification.**
- 4. Please notify us of any testing you have had that are related to your urologic condition and where these test(s) where performed.**
- 5. A urine sample will need to be given at your appointment.**

If you have any questions or need any further information, please feel free to contact us at the numbers listed above.

WE WOULD APPRECIATE 24 HOUR NOTICE FOR RESCHEDULE OR CANCELLATION OF ANY APPOINTMENTS.

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