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ACCT#: _____

Thank you for considering Southern Oregon Orthopedics, Inc. for your orthopedic care. We are looking forward to seeing you at your scheduled appointment for:

DATE _____ TIME: _____ WITH: _____
MD
FNP
PA-C

To make sure your appointment goes as smoothly as possible, here are a few things for you to do before you come in the office:

1. We strive to keep our scheduled appointment times and will appreciate for **all new patients to arrive 15 minutes prior to the scheduled appointment.** **Please show up on time or you may be rescheduled.** This time allows us to complete all paperwork required before you are to be seen by the provider.
2. If you are on a managed care plan or an Oregon Health Plan, you will need a referral from your primary care physician **before** you can be seen. If the paperwork for your referral is not in place at the time of your appointment, we will ask you to sign a waiver assuming responsibility for the bill. Without a referral or a signed waiver, your appointment will be rescheduled. Oregon Health Plan now has a **co-pay**, payment is expected at time of service.
3. **If you have had ANY x-rays, CT Scans, MRI's etc. taken elsewhere which pertain to this appointment, please be sure these films are here on the day of your scheduled appointment. *It is not necessary to request films from OAI, MOI, Ashland Community, Siskiyou Imaging, Asante, Medford Medical Clinic, VIC, RVP and Providence. If the films have not arrived for your appointment, we may need to either take new films or reschedule your appointment.***
4. **Please be sure you have your insurance card/cards with you when you present for your appointment. We will need to take copies of these cards for your chart. Also bring a government issued photo I.D.(i.e. driver license).**
5. We will ask you for payment of any co-payment and deductible amounts per your insurance plan at the time of service. We accept cash, check or any major credit cards. If you are unsure of coverage please check with your insurance company.
6. If you do not have insurance to cover your charges and are unable to pay in full at the time of service, a minimum payment of \$100.00 will be expect at time of service.
7. **Please bring a pair of shorts that are metal free if you are to been seen regarding your hips, knees or ankles.**

Thank you for your cooperation and assistance. We look forward to seeing you!