

Dear

An appointment has been scheduled for you to be seen by

\_\_\_\_\_ . As a reminder, please bring the

following to your appointment:

**Completed Patient Registration Form (Enclosed)**  
**Insurance Card(s)/Co-Payment**  
**Referral or Authorization (if required)**  
**Method of Payment (cash, check or credit card)**  
**All x-rays, CT scans, MRI scan for review**

If your insurance company requires a referral, you must obtain one prior to your appointment time. **This means being sure your primary care physician has called in a referral to your insurance company; otherwise, your appointment will be rescheduled.** If your policy requires co-payment, be prepared to pay this amount at the time of service. All self-pay balances are due at the time of service. If you have no coverage for office visits under your policy, please come to your appointment prepared to pay in full or call to make payment arrangements in advance.

Connecticut Neuroscience accepts the responsibility for billing your insurance carrier on your behalf, as long as you provide us with the correct information. Unfortunately, it is impossible for us to understand each patient's individual benefits. We strongly advise you to telephone the member services department for your carrier and ask them about your benefit coverage.

There is parking provided in the lot on Orchard Street (across from the Emergency Room). Please bring your parking card with you to the office for validation.

If you are unable to keep this appointment please call us within 24 hours of your scheduled appointment and we will work with you to reschedule another appointment. Again, please bring the **completed patient registration form and requested items as mentioned above.**

Sincerely,

Connecticut Neuroscience, P.C.