

MARYLAND ENDOCRINE AND DIABETES

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Mark D. Corriere, MD
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Elizabeth Jenkins, MD
Sergio Lizama-Hernandez, MD

Dear «FirstName» «LastName»:

Welcome to the practice of Drs. Gaynes-Kaplan, Argento, Hagen, Naglieri, Karon, Corriere, Natsag, Levitt and Jenkins. Your upcoming appointment is scheduled on:

(Date)_____ (Time) _____

with «encDocName»_____.

In order to expedite your waiting time at our office, we are enclosing the following forms that need your completion and signature prior to your scheduled visit:

**Patient Information Form
Patient History Form**

****PLEASE BRING THESE FORMS WITH YOU THE DAY OF YOUR APPOINTMENT. PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR SCHEDULED APPOINTMENT TIME SO WE CAN PROCESS YOUR PAPERWORK!**

- **FOR OUR DOCTORS TO EVALUATE YOU IT IS NECESSARY THAT WE HAVE YOUR LAB OR X-RAY RESULTS. IT IS OUR OFFICE POLICY THAT YOU OBTAIN ANY LAB OR TEST RESULTS PERTINENT TO YOUR TREATMENT FROM YOUR PHYSICIAN. THIS INFORMATION CAN BE BROUGHT WITH YOU OR FAXED TO OUR OFFICE (3) DAYS PRIOR TO THIS APPOINTMENT. OUR FAX # IS (301) 953-3543.**
- **PLEASE BRING A CURRENT LIST OF YOUR MEDICATIONS WITH THE STRENGTH AND FREQUENCY THAT YOU ARE TAKING THEM. IF YOU ARE UNABLE TO LIST YOUR MEDICATIONS, PLEASE BRING THE ACTUAL BOTTLES AT THE TIME OF YOUR**

APPOINTMENT. AS YOU ARE AWARE, THIS IS AN IMPORTANT PART OF OBTAINING THE CORRECT INFORMATION FOR YOUR OWN SAFETY AND HEALTH ISSUES.

- **IF YOUR INSURANCE REQUIRES A REFERRAL, YOU MUST BRING IT WITH YOU. REFERRALS CANNOT BE OBTAINED BY OUR STAFF AT THE TIME OF YOUR VISIT. IF YOU DO NOT HAVE A REFERRAL AND CHOOSE TO BE SEEN, YOU WILL BE RESPONSIBLE FOR THE COST OF TREATMENT THAT DAY. THE PAYMENT WILL BE HELD FOR 5 DAYS. IF YOU BRING A VALID REFERRAL WITHIN (5) DAYS OF YOUR VISIT, YOUR PAYMENT WILL BE RETURNED.**
- **COPAYMENTS MUST BE PAID AT THE TIME OF SERVICE.**
- **IF YOU DO NOT HAVE INSURANCE OR HAVE INSURANCE THAT THE PRACTICE DOES NOT PARTICIPATE WITH, YOU WILL BE RESPONSIBLE FOR THE COST OF YOUR VISIT AT THE TIME OF YOUR SCHEDULED APPOINTMENT.**
- **IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, WE REQUIRE A 24 HOUR NOTICE. A \$40.00 MISSED APPOINTMENT FEE MAY BE BILLED DIRECTLY TO YOU FOR CANCELLATIONS LESS THAN 24 HOURS.**
- **WE WILL CALL TO CONFIRM YOUR APPOINTMENT TWO DAYS PRIOR TO YOUR SCHEDULED APPOINTMENT AT THE TELEPHONE NUMBERS YOU PROVIDED UNLESS OTHERWISE INDICATED.**

If you have any questions, please call our office at (301) 953-2080. We look forward to assisting you with your healthcare needs. Thank you.

Sincerely,

Anita Newman
Practice Administrator