

Collin County Pulmonary Associates
1101 Raintree Circle, Suite 100
Twin Creeks Medical, Bldg 2
Allen, Texas 75013
Phone: (972) 964-0170 Fax: (972) 596-8928

Welcome!

Your appointment is for _____ at _____. We hope the following information will help make your visit to our office as pleasant and efficient as possible.

Please arrive 15 minutes early with all enclosed new patient forms completed. If you do not have the forms completed, please arrive 30 minutes early. Thank you.

If you have any questions, please do not hesitate to call us. We look forward to meeting you.

ADVANCE PREPARATIONS:

- * Please, remember to bring the enclosed forms completed to your appointment and bring any lists you need as reminders of current medication, allergies and details about prior illnesses and treatments.
- * Please, if at all possible, wear a loose easy to remove shirt/top.
- * Please, if you have any recent lab work, x-rays, or reports from other doctors that pertain to your visit, bring them with you for our review.
- * Please, as a courtesy to other patients with asthma or environmental sensitivity, **DO NOT** wear cologne or perfumes to your appointment.
- * If you have personal copies of medical records, please make a separate copy to leave with us.
- * If you have small children, please note that we will not provide childcare or supervision while you are being tested or during your exam.

LATE ARRIVALS:

New patient appointments are our most medically involved appointments, so we ask that you arrive on time to avoid rescheduling. In consideration for our other patients if you are late for your appointment, all other patients that would have followed you who do arrive on time will still be seen at the time they are scheduled. You will have the option of rescheduling, or you can wait for any openings that might develop later in the schedule.

CANCELLATION:

Please notify us immediately if you are unable to keep your appointment for any reason by calling 972-964-0170 (including after hours notice by choosing phone option #1 on our voice mail).

PAYMENT:

- * If your insurance requires precertification, referral from your primary care physician, co-payment any other specific requirements it is your responsibility to comply with the terms of your plan.
- * If you are not sure if your insurance requires a referral, please look for the following terms on the front of your card: HMO EPO POS QPOS or if you have a primary care physician (PCP) name listed under your Id number. These all are an indication that your plan requires a referral.
- * If you are not sure if we are a preferred provider under your insurance plan, please contact your insurance company prior to your appointment to verify this. We do not verify insurance prior to appointments.
- * If you require a referral from your primary care physician it is your responsibility to contact your primary care physician. If you do not have a referral, you can still see the doctor only if you agree to accept full responsibility for payment of the visit should the referral be denied.
- * Please complete and sign the enclosed form so that we can file your insurance claim.
- * Please bring any insurance or Medicare cards(s) so that we can make a copy.
- * Please be prepared to pay your applicable co-pay, co-insurance or deductible. Such co-payments will be collected at the time of appointment check in.

RECORDS:

We are happy to send copies of your medical records to other physicians for any upcoming but we need at least 24 hours notice. We can provide you a personal copy of your chart with one week's notice. First and one copy is free.

FORMS:

We do not complete paperwork or forms for disability, work releases, medical equipment, etc initiated by another office. We can forward a copy of your medical records, if you let us know on arrival that you need documentation for this purpose.