

Bend Spine and Pain Specialists
929 SW Simpson Ave., Suite 250
Bend Oregon 97702
Phone (541)647-1645 Fax (541)647-1648

Dear Patient,

In anticipation of your upcoming visit, we would like to provide you with some information about our clinic as well as some information for you to provide to us.

Please read and complete the enclosed information packet before your appointment. When filling out the health history portion of the forms, be as detailed as possible. If you have had diagnostic testing related to your pain, please arrange for us to receive those reports prior to your visit. If you need assistance with this process, please do not hesitate to call us.

Along with your completed paperwork please arrive 15 minutes early and bring **all of your current medications in the original bottles**, a copy of your insurance card, and co-pay if you have one.

Also, please read the enclosed financial information. As a service to you, our office will check with your insurance company prior to your visit. This will ensure that you have adequate coverage and that no referral or prior authorization will be required. An estimate of your portion of the bill will be provided to you so you will be prepared to pay that amount at the time services are provided to you.

Enclosed you will find a map and directions to our office.

Our office does have a **48 hour cancellation policy**. If for some reason you cannot make the appointment we have set up, please make every effort to call us at least 2 days prior. If you do not call, we may bill you for the visit and/or formally discharge you from the practice.

If you have questions about any of the information provided to you in this packet please call our office. Thank you in advance for your cooperation, we look forward to serving your medical needs.

Sincerely,

Bend Spine and Pain Specialists