



## NOTICE TO ALL PATIENTS

In order to have the most up to date information, please complete the following:

- Primary Person to contact in case of emergency: \_\_\_\_\_  
 Primary contact telephone number for that person: \_\_\_\_\_  
 Alternate contact telephone number for that person: \_\_\_\_\_
- What is your preferred method of contact: (check one)    primary phone            alternate phone            email
- What is your primary telephone number: \_\_\_\_\_    alternate: \_\_\_\_\_
- A valid email through which you may be contacted: \_\_\_\_\_
- List anyone you approve for release of your medical information in the event you cannot receive such information: \_\_\_\_\_

### PLEASE BE AWARE OF THE FOLLOWING POLICIES:

- Appointment Cancellation Policy:** 48 hours notice is required to cancel an appointment. Appointments cancelled with less than 48 hours notice will be re-scheduled only with the payment of a \$50 deposit which will be credited to any required co-pay or balance due.
- Sleep Study Cancellation Policy:** 48 hours notice is required to cancel a sleep study. Studies cancelled with less than 48 hours notice will be re-scheduled only with the payment of a \$150 deposit which will be credited to any required co-pay or balance due.
- It is your responsibility to notify us of any change in address, contact information, insurance or other pertinent personal information.
- Pulmonary & Sleep Specialists utilizes mid-level providers—nurse practitioner
- Referrals are your responsibility. Failure to provide may result in a reschedule.
- Patients are expected to bring in ALL medications or a legible list of ALL medications being taken at the time of each appointment.
- Patients with CPAP or BIPAP units are expected to bring the units to each appointment.

My signature below certifies that I have read the above information and had any questions answered to my satisfaction.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Birthdate \_\_\_\_\_ Today's date: \_\_\_\_\_