



SOUTHWEST FLORIDA NEUROSURGICAL ASSOCIATES

SOUTHWEST FLORIDA REHAB & PAIN MANAGEMENT ASSOCIATES

12700 Creekside Lane, Suite 101 • Fort Myers, Florida 33919 • (239) 432-0774 • FAX (239) 432-9404
632 Del Prado Blvd. N. • Cape Coral, Florida 33909 • (239) 772-5577 • FAX (239) 772-9961

Dear Patient:

Thank you for choosing our practice to assist in your healthcare needs. We appreciate the confidence you and your personal physician have placed in us. Please read the following instructions and information and let us know immediately if you have any questions.

FORMS: Enclosed you will find a Patient Information form along with a Pain Questionnaire. Please fill out these forms and bring them with you at the time of your appointment.

INSURANCE: Please bring your insurance cards so we can copy them for your chart. We will file your primary insurance claim for you. If your insurance requires prior authorization, please ensure it is taken care of before the day of your appointment as *you cannot be seen without it* and your appointment will have to be rescheduled.

PAYMENT: It is the policy of this office to advise patients that they are responsible for all bills incurred. Please be prepared to *pay any copay or coinsurance amounts due at the time of service*. Please note: A \$10.00 processing fee will be charged for each copay not paid at time of service. Our office *does not file supplemental insurances*. We accept cash, check and most major credit cards.

FILMS: You are responsible to ensure that your *ACTUAL films, NO CD's* (all x-rays, CT scans, MRI scans, etc., relating to your problem/injury) are here for your appointment. If your films are being delivered to the office, please call the day before your appointment to make sure they have arrived. We regret that *your appointment will have to be rescheduled if your films are not at our office at the time of your appointment*.

MOTOR VEHICLE ACCIDENT: If you are being seen as a result of a motor vehicle accident and your insurance benefit does not pay 100% or benefits are exhausted, you will be responsible for all or part of your first appointment. If you are to have surgery, you can instruct your attorney to provide us with a Letter of Protection. A Letter of Protection simply gives permission to your attorney to pay expenses incurred at this office when a settlement has been reached on your behalf. It does not release you of your responsibility to pay any unpaid balance.

LOCATIONS: Please refer to the "Office Locations" section on the homepage of our website, www.swfna.com. This will provide you with directions to the office at which your appointment has been scheduled.

If you have any questions regarding the above information and instructions, please contact our office. If you would like to learn more about our practice, please visit our website at: www.swfna.com.

Sincerely,

Southwest Florida Neurosurgical Associates
Southwest Florida Rehab & Pain Management