

Jon D. Hop, MD Sara Kane-Smart, MD Michael A. Cheek, MD Richard M. Howell, MD Bruce A Stewart, MD Brian W. Paff, DO John I. Khoury, MD John W. Swartz, DO Thereseann M Huprikar, DO Tyler J. Spiering, MD Elizabeth Otten, PA-C Brian Willie, PA-C Lee Majeski, NP-C Elizabeth Carlson, PA-C Matthew Myaard, PA-C Lauren Bos, PA-C Holly Gustafson, PA-C Mike Goffnett, PA-C

Dear Patient,

Thank you for choosing Shoreline Orthopaedics for your health care needs. To assist us in providing you with the best care and most efficient service, please take the time to complete the enclosed forms prior to your visit. With your help we can provide better service to you and avoid delays at the time of your appointment.

Enclosed is the necessary paperwork for you to complete before your appointment. It is essential that you answer all questions completely. This important information allows us to provide you with better care and assist you in securing any insurance benefits you may be entitled to receive. It is essential that we receive the completed forms prior to your scheduled appointment. This can be done in any of the following ways:

- You may drop off the completed forms to our office prior to the day of your appointment.
- If you would like to be invited to our online Patient Portal, please contact our office.
- You may fax the completed forms to (877) 592-0688
- If time allows, you may mail the completed forms to our office. Please do this at least one week prior to your appointment.

Please bring these items with you on the day of your appointment:

- Driver's License or other valid Photo ID
- Insurance Card(s)
- Payment for your Insurance Co-Pay. You may wish to call the number on the back of your card to verify your co-pay for a specialist office. We accept the following forms of payment: cash, check, major credit cards, and CareCredit. Co-Pay will be collected at the time of your appointment, failure to pay may result in appointment cancellation.
- Current list of medications
- Pertinent Records (related to problem we are seeing you for) from any prior treatment done at another facility, this would include medical records/reports, radiology (x-rays, disc of MRI, etc., this is very important if done at any other hospital or facility other than Holland Hospital or Zeeland Hospital). This information may also be dropped off before your appointment.

If you have any questions regarding your appointment, please call our office at (616) 396-5855 or (800) 427-5354. If you cannot keep your appointment, we require 24 hours advance notice to change or cancel your appointment, or there may be a \$25 No Show charge.

Thank you for taking the time to complete the necessary paperwork. We look forward to seeing you.

The Physicians and Staff of Shoreline Orthopaedics

(Please note that in some of the GPS/mapping programs, if you include the N (North) in our address, it will take you out to West Olive, so it may be best to not include the N.)

Language assistance available

<u>Español | 繁體中文 | العربية</u> | <u>Assyrian | Tiếng Việt | Shqip</u> | 한국어 | <u>वाংला</u> । <u>Polski</u> | <u>Deutsch | Italiano</u> | <u>日本語</u> | <u>Русский |</u> <u>Srpsko-hrvatski</u> | <u>Tagalog</u>