



CALIFORNIA EAR INSTITUTE

Palo Alto • San Ramon • Santa Rosa

Dear New Patient,

Thank you for choosing the California Ear Institute at Palo Alto. It is our every desire to provide you with excellent and timely service. The following guidelines were designed to facilitate this process.

ON THE DAY OF YOUR APPOINTMENT:

- **Please complete the enclosed forms and bring completed to your appointment.** A map with directions to our office is enclosed for your convenience.
- **Please arrive 10-15 minutes prior to your scheduled appointment time.** This will allow us to complete the registration process in a timely manner. Please note that arriving late may result in your appointment being rescheduled.
- **Please bring your current insurance card to every appointment.** If your insurance requires prior authorization/referral, we will need to have this on file before you can be seen. **If you arrive for your appointment and we cannot verify your insurance coverage or authorization, you may pay in full at the time of the visit or reschedule your appointment.**
- **Be prepared to pay your co-payment at every visit.** Your co-payment amount is normally indicated on your insurance card. For your convenience our office accepts checks, and all major credit cards.
- We will make every effort to accommodate your scheduling needs. In return, we ask that you help us by keeping your scheduled appointments or by notifying us at **least 24 hours in advance if you are unable to do so. A charge will be made for ALL broken appointments unless a 24-hour notice is given.**

Thank you for your cooperation. We are looking forward to being of service to you and your family.

APPOINTMENT INFORMATION

PATIENT NAME: _____

APPOINTMENT DATE: _____ **M T W Th F** TIME: _____

WITH: _____ LOCATION: _____

www.californiaearinstitute.com
