

3085 W. Market St., Suite 102 Fairlawn, Ohio 44333 330-379-9070 fax 330-379-2358

## Welcome Letter

Thank you for choosing <b>Dr. Jeffrey Masin's office</b> .	You have an appointr	ment scheduled with
Dr. Masin on	at	_am/pm.
Enclosed in this packet you will find a NEW PATIEN	T INFORMATION SHE	EET, HEALTH HIS-

Enclosed in this packet you will find a NEW PATIENT INFORMATION SHEET, HEALTH HISTORY form, and a FINANCIAL POLICY. Please fill these out completely and bring them and your insurance card with you to the appointment.

To make your appointment go as smoothly as possible, we have included a checklist of items to bring to your appointment.

- Your most recent insurance card(s) and a picture ID. These 2 things will be required at EVERY visit to our office. We will be unable to see you at your scheduled time without them.
- Completed New Patient forms (there should be 3).
- A valid referral from your Primary Care Physician if required by your insurance plan.
  We often have referrals faxed directly to our office. Please confirm that your PCP has forwarded the referral to our office and that we have received the referral prior to your office visit. We will be unable to see you unless it is in our possession prior to your appointment.
- Any x-rays, laboratory reports or other medical information pertinent to your condition or your child's condition. Reports for these may also be faxed to our office.
- Cash, check or Visa/MC for your copay if required by your insurance plan.

Should you have any questions prior to your appointment, please do not hesitate to call us at 330-379-9070.

You will get an appointment reminder call 1-2 days before your appointment.

You can access our entrance on the back of the building from either Baker Blvd. or Merz Blvd.