

**THE CENTER FOR MEN'S AND WOMEN'S UROLOGY, LLC
24076 SE STARK STREET, SUITE 310
GRESHAM, OR 97030
503-492-6510**

Dear _____,

Welcome to our practice! An appointment has been scheduled for you at our office on:

Date: _____ at _____ ***Please arrive 15 minutes early**

We hope that the following information will be helpful to you. We respect your time and we would like to make your visit to our office as efficient as possible. Enclosed you will find a packet of information for you to read and several forms to complete. We ask that you complete all forms and bring them with you to your first appointment.

Location

We are located on Stark street, just west of 242nd/Hogan. Parking is available in the back of the office. We are located on the third floor.

Medical Information

We would appreciate if you would complete the enclosed Health History Questionnaire and Medical History form, and bring all of your medications with you to your first visit.

Financial Policy

Copays are collected at the time of service. Enclosed you will find our Financial Policy for your review and signature.

Medical Insurance

Please **bring your current insurance card**. This will help us file for insurance reimbursement on your behalf. If you have a managed care health plan, remember to contact your PCP's office prior to your visit to obtain a referral. Without a valid referral, your insurance company can refuse payment. Regardless of insurance, payment remains your personal responsibility. If we have not received insurance payment within 45 days, you will be responsible for the entire remaining balance.

Telephone Calls

For your convenience we are available to answer questions you may have from 8:30 am to 5:00 pm, Monday through Friday. If you need to speak to someone after hours, call our office and our answering service will contact the provider on call.

Cancellation

Our office sees patients by appointment only. If you are unable to keep your appointment, please notify us as early as possible so that we are able to offer the time to another patient. Your account may be charged a cancellation fee if you cancel your appointment less than 24 hours prior, or fail to show up for your appointment. Please refer to the enclosed Financial Policy for the appointment cancellation fees.

Medications

For medication refills we ask that you call your pharmacy. They will contact us for your refill. Please allow 24 hours.

If you have any questions regarding the above, or if we can be of further help please do not hesitate to call our office at (503) 492-6510. We appreciate the opportunity to serve you and strive to provide excellent, quality health care.

We look forward to meeting you!

Sincerely,

Dr. Rockove, Dr. Toland, Cheri Springer, M.S., P.A.-C., Mary Russell, F.N.P.