



Dear:

We would like to welcome you as a new patient to Spokane Brain and Spine. We are located at 801 W 8th Ave Suite 210. Located in the Deaconess Medical Building.

This is a list of important information for your visit.

- **Due to the high volume of patients, if you are not on time for your appointment, it may need to be rescheduled.**
- **If your insurance requires a referral/authorization, please make sure your Primary Care Provider (PCP) has certified your appointment with a written referral or phone call.**
- **Please bring all of your current insurance information – for example: L& I, insurance card, referral or monthly medical coupons. If this is not provided at the time of service you may be rescheduled or required to pay at the time of service.**
- **All Co-pays and self pays must be paid at the time of service.**
- **If a referral is not available, you will be required to sign a waiver making you liable for payment of your appointment may be rescheduled.**
- **If you were involved in a Motor Vehicle Accident, and don't have private insurance we require a \$150.00 payment prior to service.**
- **Please make sure that all your diagnostic films are here at the time of your appointment. If these have been done outside of Spokane, you will need to hand carry them to our office. THIS INFORMATION IS CRUCIAL FOR YOUR APPOINTMENT. IF WE DO NOT HAVE YOUR STUDIES, YOUR APPOINTMENT MAY BE RESCHEDULED.**
- **Please fill out paperwork in its entirety.**
- **If you have paperwork for us to fill out, please allow 7 – 10 business days.**
- **Please call the office with routine questions during business hours.**
- **We will only prescribe pain medication for the acute postoperative period.**
- **Please allow 24 – 48 hours for medication refills. THERE WILL BE NO MEDICATION REFILLS DURING WEEKEND AND NON-BUSINESS HOURS.**

We look forward to working with you. If you have any questions regarding your appointment, films or insurance, please contact the Medical Assistant at (509)744-3490.

Appointment Date/time: _____ / _____ Check in: _____

Thank you,
Spokane Brain and Spine Team