

Rehabilitation Associates Of The Main Line P.C.

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BRYN MAWR OFFICE

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MALVERN OFFICE

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Malvern, PA 19355
TEL: 484-596-3931
FAX: 610-296-4915

Patient Name:

Appointment Date and Time:

Office Location:

Welcome to our practice. We are very pleased that you have selected us for your medical care. Enclosed are forms for you to fill out **in advance** of your appointment to assist our office staff and the physician in making sure that we have all the information necessary to provide you with quality care and treatment. **Please fill out all the forms completely and bring them to our office the day of your appointment.** If you have any questions or problems filling out the forms, do not hesitate to call so that we may assist you.

If you have been treated by a physician or hospital for the reason you are visiting us, please request copies of pertinent medical records, including MRI and radiology reports and bring them to your scheduled appointment.

If you belong to an HMO such as Aetna or Keystone, **it is your responsibility to obtain a valid referral from your primary care office**, please see our referral instructions below. If you do not have a valid referral, you will be required to pay for your office visit at our standard rate at the time of your office visit. The referral should be issued with the following group name and provider number:

Rehabilitation Associates of the Main Line

Aetna 8770059

Keystone 0481230000

If you have not completed all the enclosed forms prior to your appointment time please arrive 30 minutes before your appointment time to complete the registration process. **Since the enclosed forms take quite a long time to fill out, we may have to reschedule your appointment if they are not completed by the time your appointment is scheduled to begin.**

We have enclosed:

- Initial Patient Assessment Form (fill out completely)
- Office Policies for Outpatient Appointments (sign and date the last page)
- Patient Registration Form / Consent form (sign and date)
- Directions to our office

To be fair to those patients that are waiting to be seen we request that you cancel your appointment at least 48 hours in advance. **If we do not receive a cancellation notice from you we will assess a \$100 fee.** To prevent receiving this bill, please call us to cancel or reschedule your appointment within 48 hours.