



PH: 541 772 6600 FX: 541 779 1266 | WWW.UROLOGYASSOCIATESLLP.COM | 827 SPRING STREET MEDFORD, OREGON 97504

Dear _____

Attached are registration and health history forms. Please complete these forms and bring them with you to your next appointment on:

Date _____

With: **Dr. Eric Martin** **Dr. Timothy Driver** **Dr. James Loos**

Please arrive at our office twenty to twenty-five minutes prior to your scheduled appointment time. Please be prepared to provide a urine sample if possible. You will be required to present your current insurance card(s) at the time of your visit.

Managed Care: If your insurance requires a referral from a primary care physician or the referring physician, please be advised that it is your responsibility to contact your primary care physician or referring physician for your insurance referral for your appointment at our office. If no referral is in place you will be responsible for payment at the time of service.

Private Pay: Patients should be prepared to pay at the time of their visit. Payment plans are available on an individual basis only. Please see the business office for details.

Medicare: We will gladly submit your claim to Medicare. You will be required to sign an Advance Beneficiary Notice (ABN) that Medicare may not pay for all the health care costs your physician finds medically necessary. The purpose of the ABN is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself or the charges will have to be submitted to another insurance company, i.e. leg bags, foley catheters, certain medications, etc. Medicare only pays for covered benefits. Some items and services are not Medicare benefits and Medicare will not pay for them.

If you're not sure what Medicare benefits are covered, please contact Medicare or review your policy benefits. If you have any questions, please see our business office. We would be happy to assist you.

Oregon Health Plan: If you have coverage through Oregon Health Plan (OHP) you must present a current card and co-pay, if required, at the time of your visit or your appointment will be rescheduled. If your care is managed, we need to be made aware of this when your appointment is scheduled. This will allow us time to get the necessary referral in place prior to your visit.

Workers Compensation: If you are being seen for a work-related injury you must present the following: name and address of workers compensation carrier, date of injury and active claim number.

If you have any questions regarding your visit to our facility, please do not hesitate to call us at (541) 772-6600 or visit our website at urologyassociatesllp.com.

Sincerely,

Urology Associates of Southern Oregon, LLP

DIRECTIONS

Take I-5 to exit 30. Exit 30 to Biddle Road. South on Biddle Road to McAndrews Road. Left on McAndrews Road to Royal Avenue. Right on Royal Avenue. Left on Spring Street. We are located on the north side of the street at 827 Spring Street.

TIMOTHY R. DRIVER, M.D. P.C.

PHYSICIAN AND SURGEON

DIPLOMATE AMERICAN BOARD OF UROLOGY

ERIC L. MARTIN, M.D. F.A.C.S., P.C.

PHYSICIAN AND SURGEON

DIPLOMATE AMERICAN BOARD OF UROLOGY

JAMES C. LOOS, M.D.

PHYSICIAN AND SURGEON

Practice Limited to Adult and Pediatric Urology