

Physical Medicine Associates, Inc.
340 E. Town St, 8-700
Columbus, OH 43215
614.566.9397

Dear _____:

Welcome to Physical Medicine Associates, Inc. Your physician, Dr. _____ has scheduled an appointment for you on _____ at _____ with Dr. _____.

Please arrive at least 5 minutes prior to your appointment time to complete the check in process. Our office is located at 340 East Town Street, 8th floor, Suite 700 in the Physician's Office Building at Grant Medical Center. We have enclosed a map for your convenience; however, if you need additional directions please call 614-566-9397. The most convenient parking is in the Green Garage attached to the Medical Building, conveniently located off of Grant Ave. We will validate your parking upon your arrival. **If you are scheduled for an EMG/NCV test please refrain from wearing any lotions as it may interfere with the results of the test.**

Enclosed are the registration forms, which we ask you to complete prior to arriving at our office. Along with your completed forms, please bring a photo ID, insurance cards, and your copay. We accept cash, checks, debit cards, and VISA/Mastercard. Please note, copays must be made at the time of your visit; failure to do so may result in your appointment being rescheduled.

Also enclosed in this packet is a Patient Contract which outlines the expectations Physical Medicine Associates, Inc. has of its patients. Please read this contract thoroughly prior to signing. If you have questions regarding this contract please call the office, 614-566-9397. If this contract is broken Physical Medicine Associates, Inc. retains the right to terminate the physician patient relationship.

The physicians of Physical Medicine Associates are providers for many insurance plans, but it is your responsibility to check with your insurance company to make sure we are providers of your insurance plan. If we are not providers, you will be responsible for the balance in full. If you do not have health insurance, payment is expected at the time of service. If you are unable to make full payment at the time of service please contact the billing office at 614-267-3300 to set up a payment agreement.

If you have any questions about your appointment, or need to reschedule please call 614-566-9397. Please allow a 24 hour notice if cancelling or rescheduling your appointment. We look forward to seeing you.

Sincerely,

Physical Medicine Associates, Inc.