



Welcome to the Advanced Vein Center, we look forward to providing you with the highest quality of advanced vein care. The focus of our practice is you, the patient and making your experience with us as easy and comfortable as possible. Our overall goal is to meet or exceed your expectations.

Your appointment is scheduled on: _____ at ____:_____AM/PM

NEW PATIENT INFORMATION & MEDICAL RECORDS

We ask that you complete all of the enclosed forms and mail them back to us within the next **3 days** or receiving them. As a specialty practice, it is necessary to receive these forms in our office prior to your visit.

If your paperwork is not received prior to your visit, your appointment will be delayed or rescheduled.

For your convenience, we have enclosed a return stamped envelope. This information will provide us with important, accurate and up to date medical information that will allow us to communicate effectively with you and to others on your behalf.

APPOINTMENT CANCELLING OR RESCHEDULING

If for any reason you need to cancel or reschedule your appointment please call us at 207-772-1820. **We require a minimum of a 24 hour, notice for any appointment changes. *There will be a charge of \$100.00 for a missed appointment that was not rescheduled within a 24 hour notice.***

If you have any questions, please feel free to call our office at 207-772-1820

OFFICE HOURS

Our office hours are Monday – Friday 8;30 a.m. – 4;30 p.m. If you are in need of medical assistance outside of these hours, our answering service will be available to page the physician on call. If you are calling with a **medical emergency** after hours, we ask that you **call 911** directly for assistance.



APPOINTMENT SCHEDULING

An appointment is a mutual commitment of time. For you, an appointment may mean rearranging your normal routine with work or children, driving a long distance or getting up earlier in the morning. For us, an appointment means the preparation of materials and instruments, having staff available and having an overall awareness of each patient's personal needs. In essence, we (the office) and you (the patient) have made some special provisions in anticipation of getting something valuable accomplished. We appreciate and respect the efforts you make to fulfill your time commitment and trust that you will do the same for us.

APPOINTMENT CONFIRMATION

You will receive an automated confirmation call for all scheduled appointments, a message will be left if you are not available. We understand that unforeseen circumstances and emergencies arise that are beyond anyone's control. If you expect to be late, please call our office as soon as possible. With enough notice we may be able to accommodate the time difference, however, we reserve the right to reschedule.

ARRIVAL TIME

We ask that you arrive **10 minutes prior** to your appointment to complete the intake registration process. Please be prepared to present your insurance card for all coverage as we will ask to see and reconfirm coverage at each visit. If your coverage is a managed care health plan, your office co-payment and any remaining balance are payable at the time of your visit. Some insurance(s) require a **referral**; it is your responsibility to contact your primary care physician to make sure this is obtained prior to your appointment. This may be faxed to our office at 207-767-1245. If referral is not received by our office at the time of your appointment, you will be asked to sign a financial responsibility waiver.

Thank you for your cooperation and consideration. We look forward to caring for your venous needs!

Sincerely, The Advanced Vein Staff

** Updated November 2015*