



New Patient Appointment Reminder

Date of Appointment: _____ **Time of Appointment:** _____

Office Location: _____

Phone: _____

Doctor's Name: _____

What to bring with you:

1. INSURANCE CARDS
2. DRIVERS LICENSE OR PICTURE ID
3. COMPLETED MEDICAL HISTORY FORM
4. COMPLETED FINANCIAL AGREEMENT FORM
5. FORM OF PAYMENT FOR SERVICES RENDERED
6. PREVIOUS MEDICAL RECORDS RELATED TO YOUR COMPLAINT

INCLUDING:

- X-Ray Reports and Films
- Previous Allergy Tests
- Previous Hearing, Balance Tests
- Biopsy results, etc.

Florida Gulf Coast Ear, Nose & Throat is happy to announce that we accept the following forms of payment for your office visit:

Visa and Master Card

Personal check

Cash