

UROLOGICAL ASSOCIATES OF WESTERN COLORADO

(970) 243-3061
FAX (970) 245-8369
790 WELLINGTON AVENUE, #202
GRAND JUNCTION, CO 81501

A.Z.BESHAI, MD
JAMES C. PITTS III, MD

MARK NISHIYA, MD, FACS

MICHAEL MURRAY, MD
GREGORY J. TARMAN, MD, FACS

Dear New Patient,

Welcome to Urological Associates of Western Colorado.

In preparation for your visit with Dr. _____ on _____ at _____ we have enclosed the following information:

- Patient Information Brochure
- Medical History Questionnaire
- Blue Signature Card

In order for us to serve you more efficiently please complete all of the above information and familiarize yourself with our office policies and procedures as described in the Patient Information Brochure. Please be aware that in order for us to bill your insurance company or set up a payment plan we will require that you sign the patient information sheet at the time of your appointment.

On the day of your appointment please be sure to bring with you:

- Your insurance card(s)
- Completed Patient Information Forms (enclosed)
- List of your current medications
- Referral if required by your insurance

Please be sure that your referring physician has forwarded your medical records to our office. It is also important that any x-rays (if applicable) have been forwarded to our office as well. Our physicians will need these items in order to better provide you with effective medical care.

Please arrive 20 minutes before your scheduled appointment and check in with the receptionist as soon as you arrive.

As a courtesy to our patients we will file a claim with your insurance company for your visit. Our physicians are contracted with Rocky Mountain HMO, Anthem Blue Cross and Blue Shield, Medicare, Medicaid, Wausau and Tricare. If you are without insurance, payment in full is due at time of service. A discount of 25% is provided to uninsured patients when the entire balance is paid at the time of service. If you are uninsured and are unable to pay for your visit you must contact our office and request to speak with the billing department prior to your appointment. If you are having surgery ½ of the balance is due prior to the surgery and the remaining ½ is due within six months of the date of surgery.

*** If your insurance company requires a referral or preauthorization to consult a specialist, it is your responsibility to obtain the referral from your primary care physician before your scheduled appointment. Your insurance company may not cover the cost of your visit if you do not have a referral at the time of visit. If a referral is required and you arrive without it please be prepared to reschedule your appointment or pay at the time of your visit. If you have any questions or concerns, please call our office at (970) 243-3061.**

Sincerely,

Receptionist