

NEUROSURGERY ASSOCIATES OF KANSAS

CHARTERED

WELCOME TO NEUROSURGERY ASSOCIATES OF KANSAS

We hope your experience with us is pleasant and healing.

Plan to arrive 15 minutes prior to your scheduled appointment.

This checklist is provided for your convenience and may not include all information necessary for the doctor to give an accurate diagnosis. Please call us if you have any questions.

_____ **MRI, CT or X-RAY FILM or CD**

It is imperative that the doctor or assistant have these films to review at the time of your appointment to determine the most appropriate care for your case. Do not rely on another physician's office or radiology facility to mail or deliver them to us. If you arrive without your film, you will be asked to reschedule your appointment for a later date which may delay your care. If your imaging studies were done within our hospitals, we may be able to access them online.

_____ **INSURANCE CARD(S)**

Although we accept most healthcare insurance company plans, please call the member customer service number on your card to verify with your insurance company for network participation by our physicians. If you subscribe to a Medicare Replacement policy, please bring all cards to your appointment.

_____ **CO-PAY**

We accept MasterCard, Visa, American Express, Check or Cash. Your insurance card will sometimes indicate the co-pay for an office visit for a specialist, but if your card is old, your insurance company requirements may have changed. Call your member customer service number on your card to verify.

_____ **PATIENT INFORMATION FORM**

_____ **HEALTH HISTORY QUESTIONNAIRE**

_____ **HIPAA PRIVACY/MEDICARE ASSIGNMENT**

These forms can be found in the Patient Forms section of our website. You will be asked to fill them out prior to your visit with the doctor if you do not bring them to your appointment.

_____ **PREVIOUS SURGERY NOTES, if applicable**

If you have had previous back, neck or brain surgery elsewhere, please retrieve your medical record from the servicing physician.

If you find it necessary to cancel or reschedule your appointment, please call us 24 hours in advance to avoid a no-show or cancellation fee.

**Thank you for your help in managing our schedules.
We look forward to assisting you in your healthcare needs.**