

Dear Patient:

Welcome to Rush University Urology. We value your confidence in our ability to address your urologic health care needs.

This is to confirm your initial appointment on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Our office is located at 1725 W Harrison, Suite 762 of the Professional Building at Rush University Medical Center. Take Elevator 3 to the 7th floor. Parking is available at the garage on the corner of Paulina and Harrison Street. If you park in this garage we are able to validate your ticket for a discounted rate, please inquire at our front desk. Valet parking is also available in the front of the Professional Building but not at a discounted rate.

Rush University Medical Center provides interpretive services when advance notice is given. If you require an interpreter, or need to change or cancel an appointment please call 312-563-3447. We request that you notify us of your change or cancellation no less than 24 hours in advance. A timely notification will permit patients that are waiting to schedule a sooner appointment.

We want your visit with us to be a success. We have included a checklist to help you prepare for our time together. It is very important that you complete the attached forms, and bring them with you to your appointment. This will reduce your registration time on the day of your visit and provide your doctor with important information needed to provide you with the highest quality of care.

Thank you for choosing Rush University Urology. We look forward to seeing you and participating in your care.

Sincerely,

Rush University Urology

Tel: (312)563-3447

Fax: (312) 563-3721

http://myrush.rush.edu/PhysicianPractices/UnivUro

**Effective August 4, 2014 we are relocating to Suite 970**

**RUSH UNIVERSITY UROLOGY New Patient Checklist**

**Prior to your visit:**

\_\_\_**Fax Copies of medical records**. This includes physician progress notes, blood test, x-ray and pathology reports or any other tests that might be helpful to your doctor. Please fax them to (312) - 563-3721 or to the Address on the front of the packet. If unable to access fax machines please bring the records with you to your visit.

 **Please bring these items to your visit:**

\_\_\_ Completed/signed forms in this welcome packet.

\_\_\_ Copies of Medical Records and MRI/CT films or reports if not faxed or mailed.

\_\_\_ A list of all current medications, including names and doses, frequency or actual pill bottles

\_\_\_ Name and address of any physicians (outside of Rush) who should receive a copy of your report

\_\_\_\_ Please bring your current Insurance card(s) and photo ID to each visit

\_\_\_\_ Co-Pays /Deductibles will be collected upon check in at each visit. This includes Commercial Insurance, Medicare, and Medicaid patients (Please look on your insurance card for amount) we accept cash, check, Visa, MasterCard, American Express and Discover Credit Cards.

\_\_\_\_ If you will not be using insurance, please be prepared to pay the full fee for services. A discount of 50% will be offered on the professional fee and 65% off the facility fee only if you pay in full on the same day service is provided.

\_\_\_\_ HMO Patients: Please obtain a referral PRIOR to your visit from your primary care physician and bring it with you. If a valid referral is not available your appointment may be rescheduled.