



Childrens Diabetes & Endocrinology

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502-327-9703
502-327-9798 (fax)

NEW PATIENT CHECKLIST:

- Arrive 15 minutes early
- Bring Insurance card(s): **HMO** policies must be authorized before appts. **PASSPORT** Policies must have referral before appointments.
- Have Date of Birth of insurance subscriber (i.e. mom/dad)
- Have Social Security Number of insurance subscriber
- Have **Patient's** Social Security Number
- Bring co-pay if required (a **4% surcharge fee** on **ALL** debit & credit cards)
- No Show Fee charge is **\$25.00**
- Provide **24 hour** notice of appointment cancellation.
- Fax or bring any records pertaining to visit (**labs, growth chart, physicals, test results, x-rays, etc.**)

Please **COMPLETE** all information on each form.

****** It is office policy, that as a New Patient, if this first appointment is not kept, we will not be able to reschedule the appointment in the future.

**** IF ANY SPECIAL TESTS ARE SCHEDULED AND CANCELLED, WE WILL NOT RESCHEDULE THAT TEST. PLEASE MAKE SURE ALL TESTING APPOINTMENTS ARE KEPT!**

Thank You!

DATE: _____ SIGNATURE: _____