



Western Pennsylvania Orthopedic & Sports Medicine, Inc.

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We appreciate your choosing us for your orthopedic medical needs. We are committed to providing the highest quality of care for you and your family. Enclosed with this letter is the information you will need to complete and bring with you for your first appointment with us.

We have enclosed:

1. Patient Questionnaire – Complete all three forms and be sure to include the dosages and times per day of your medications you are currently taking. If your medication list is lengthy, you may put it on a separate piece of paper and bring a copy with you. Please spell your medications correctly and list the exact milligrams and number of pills taken daily. Include not-prescriptive medications and supplements.
2. Referral and Payment Responsibility Form – Please review and sign this form. If you have any questions regarding your insurance coverage and your financial obligations, the Billing Department will be happy to answer them at the time of your appointment.
3. Directions – See attached direction list.

Please be sure to complete the **New Patient Intake Questionnaire** and review and **sign** the **Referral and Payment Responsibility** forms and bring them with you to your appointment.

Please arrive 15 minutes before your scheduled appointment time so we can process the paperwork and complete your chart. If you would like to expedite your visit please mail the forms to us at least five business days before your appointment.

Also please be sure to bring with you to your appointment:

1. Your current insurance cards and a photo ID.
2. Any x-ray films, x-ray CDs, MRI films and reports that you already have had done that are related to your current medical problem. This is important because if you do not have them, the doctor may ask you to re-schedule this appointment, as they cannot make an accurate diagnosis or treatment plan without this critical information.
3. Referral from your primary care physician (if your insurance requires this).
4. Payment. We accept cash, check, Visa, MasterCard, Discover, American Express, Diners Club
Co-pays and co-insurances are due at the time of service.
5. A Complete list of all your current medications. Please include the dosage and frequency taken for these medications.

We make every effort to see patients on time. We know that your time is valuable. However, emergencies sometimes occur (especially in orthopedics). Some patients arrive late and some patients require extra time. The amount of time the physician spends with each patient varies, depending on each patient's condition. Any of these things may cause a delay in the schedule. If a delay occurs, we hope you understand.

If you have any questions, please call the office. We thank you for choosing our practice and look forward to seeing you at your appointment.

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