

WK Advanced Urology



2300 Hospital Dr. Suite 460
Bossier City, LA 71111
(318) 212-7335



8001 Youree Dr. Suite 850
Shreveport, LA 71115
(318) 212-2722

Dear _____,

You are currently scheduled for an appointment on _____ at _____ AM/ PM.

It is **patient** responsibility to obtain a referral or authorization prior to the office visit if it is required by your insurance plan.

It is **patient** responsibility to provide current insurance information at **every** visit.

It is patient responsibility to notify our office of any change in coverage **PRIOR** to an upcoming office visit to confirm our clinic accepts the insurance as a payor. Failure to do so could result in the cancelling of your appointment if you present with insurance that is not accepted.

Failure to comply could result in the cancelling/ rescheduling of your appointment.

Appointment Compliance

Our office must be contacted 24 hours in advance to cancel or reschedule an appointment. Failure to comply will result in a **\$100 FEE FOR NEW PATIENTS/ \$50 FEE FOR ESTABLISHED PATIENTS** to your insurance company.

Patients who miss an appointment will be scheduled at the physician's next available appointment unless otherwise specified by the physician which could be up to 6 months.

You will be contacted via televox/ text message to confirm your appointment date/time. Failure to establish contact with you at least 48 hours prior to your appointment, could result in your appointment being cancelled.

If you are **20 minutes** late for your appointment, it will be rescheduled by the provider at the next available appointment time.

Patients who fail to attend or cancel their appointment may be discharged after three consecutive missed appointments.

Failure to comply with any of the above could result in the cancelling/ rescheduling of your appointment or your dismissal from our practice.

Dr. Gerard Henry ▪ Dr. Adam Stage ▪ Teri Duggan, NP

Signature _____ Date _____