

BIRMINGHAM PULMONARY GROUP, P.C.

A PROFESSIONAL CORPORATION

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PULMONARY DISEASE
CRITICAL CARE
SLEEP MEDICINE
INTERNAL MEDICINE
TELEPHONE: (205) 933-9258

Patient's Name _____ Date of Appointment _____

Time of Arrival _____ Time of Appointment _____

1. PLEASE COMPLETE ALL OF THIS PAPERWORK THEN **BRING IT WITH YOU** WHEN YOU COME FOR YOUR APPOINTMENT. IT IS IMPORTANT THAT YOU HAVE IT READY.
2. You will notice that we are asking you to come 30 minutes before your appointment time. This will allow for some necessary staff time to set you up in the system and for the nurse to spend some time with you, before you see the doctor.
3. Bring your insurance card, driver's license and any necessary payment. THERE IS A POSSIBILITY THAT YOU MIGHT NEED TO SCHEDULE A SLEEP STUDY FOLLOWING YOUR VISIT. YOU WILL NEED TO VERIFY YOUR INSURANCE PRIOR TO TODAY'S VISIT. YOUR INSURANCE MIGHT ASK FOR THE SLEEP STUDY PROCEDURE CODE 95810. ALL INSURANCE POLICIES VARY, SO ASK YOUR INSURANCE COMPANY IF YOU HAVE COVERAGE FOR A SLEEP STUDY AND IF YOU DO THE AMOUNT FOR WHICH YOU WILL BE RESPONSIBLE. WE WILL NEED TO KNOW IF PRE-AUTHORIZATION IS REQUIRED.
4. PLEASE UNDERSTAND THAT THIS APPOINTMENT WILL BE TO ADDRESS ANY SLEEP DISORDERS THAT YOU MIGHT HAVE. Any other health care needs will need to be addressed by your primary care doctor.
5. IF FOR SOME REASON YOU CANNOT KEEP YOUR APPOINTMENT, PLEASE LET US KNOW WITHIN 24 HOURS. THERE COULD BE A CHARGE FOR NON-CANCELLATION.

WE LOOK FORWARD TO MEETING YOU. If you have any questions or need any directions, please call us.