

## CONNECTICUT EAR, NOSE & THROAT, SINUS & ALLERGY SPECIALIST, P.C.

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**www.connecticutent.com**

Specializing in Adult and Pediatric Care for:  
Diseases and Surgery of the Ear, Nose & Throat, Endoscopic Sinus Surgery  
Voice Evaluation, Head and Neck Surgery, Thyroid Surgery, Laser Surgery  
Facial Plastic and Reconstructive Surgery, Allergy, Snoring and Apnea Evaluation and Treatment  
Hearing, Vertigo and Balance Assessment and Treatment

**Welcome.** We are pleased that you have chosen our office to help serve your ENT needs. In order to expedite the registration process for your first visit, please **download, print, and complete the Patient Information Form** and the **Patient Medical History Form**. Return the completed forms **prior to your first visit** either by mail to the Waterbury office address noted above, or by fax (203-755-1708). If you have had any diagnostic tests pertaining to your visit, bring the reports, as well as any other relevant medical information with you. Examples include X-rays, CT Scans, MRI scans, sleep studies, laboratory testing, and records from your primary care physician or other treating physicians.

We are committed to comply with the mandated **Identity Theft/Red Flag Rules Prevention Program** and we request that for each appointment, you bring: 1. Driver's license, photo ID, student or employee ID, passport or any other ID document. 2. Insurance card (must be current).

It is extremely important that you are aware of your insurance coverage. We participate with many insurance plans, each with specific rules and regulations, which must be followed if you want your insurance plan to cover (pay for) services.

- Be aware of what is covered under your plan. Not all services are covered. The patient is responsible for any services not included in your plan. You will be billed accordingly.
- Do you have a copay? Any and all copays are DUE at the TIME of the office visit. We are REQUIRED by the insurance company to collect the copay.
- Be aware if a **REFERRAL IS NEEDED** from your primary care giver and HOW IT SHOULD BE OBTAINED. YOU MUST CONTACT YOUR PRIMARY DOCTOR FOR THIS.
- Patients with Discount Insurance Plans should be prepared to pay at time of visit. Patients with Health Savings or Flex Spending Accounts will be billed according to their plan benefits.

**If you do not have insurance, be prepared to pay at the time of your visit. Credit cards are accepted.** Our office is committed to insuring that your visit will be problem free and is available to help with any questions that you may have.

If you are unable to keep your scheduled appointment, 24 hour notice is required to avoid a \$35 cancellation fee. Patients that arrive more than 15 minutes late, without notifying our office or without the above mandated identification, may be subject to having their appointment rescheduled to a later date.

Thank you for the opportunity to provide medical care to you and your family.

*Dana K. Cipriano*  
Practice Administrator  
HIPAA Compliance Officer

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