

Low Country Rheumatology
2860 Tricom Street
Charleston, SC 29406

Gary E. Fink, M.D.
Gregory W. Niemer, M.D.
Clarence W. Legerton III, M.D.
William M. Edwards, M.D.
Alan N. Brown, M.D.

Phone(843) 572-4840
Fax (843) 764-2726

Please read and initial at the end of this letter and bring with you to your appointment.

We are looking forward to seeing you on _____ at _____ for your appointment with _____.

Our patients are seen by appointments only and if you find that you cannot keep your appointment please call us as soon as possible.

Your initial visit will last approximately 1-1 ½ hours. Please bring all medications you are on, all laboratory results, x-ray reports and any other medical records. You can call your referring doctor to see if he has faxed copies of your records to us already.

Insurance

We are providers for most insurance and we collect the necessary deductibles and/or co-pays that your insurance plan advises. Please feel free to call our office if you have any questions regarding your insurance. We expect payment at time services are rendered unless arrangements have been made prior to your visit. If you are a self-pay patient, you will be expected to pay at least half of the cost for that visit unless other arrangements have been made. **All co-payments and deductibles are due at the time of visit. We also do not accept Medicaid as a secondary insurance.**

Referrals

Referrals are the responsibility of the patient. If your insurance requires you to have a referral to see our doctors, who are specialists, it will be your responsibility to see we get it before your appointment. If you do not have a referral at the time of your visit you will not be seen until a referral is provided. **Tracking the number of visits approved and the date range of the referral is also the patient's responsibility.** We will be glad to help you get referrals as best we can.

Office Hours

Our office hours are from 8:00AM to 5:00PM. If you call before or after these hours, you will be transferred to a telephone operator who will take your message and give it to the doctor on call. There will always be a doctor in the office in the vent of an emergency.

Appointments

All patients are scheduled by appointment only. We will try to schedule appointments to your convenience as best we can, however, there will be times it will be impossible to do so due to schedule load. If you are an established patient and need to be seen on an emergency basis, we will make every

effort to schedule you that day. Again, if you are unable to keep your appointment or will be late, please call us as soon as possible.

Occasionally, because of unexpected events, delays in appointments are inevitable. We will appreciate your patience during these times.

Prescriptions

Please request prescription refills at your visit. If you call in for refills, they will be call in between the hours of 10:00AM and 6:00PM. Please have the pharmacy number on hand when you call. A 24 – hour advance notice is required for all written prescriptions.

Additional Forms

At times, you may need additional forms to be completed by one of our doctors. Because of the time involved in completing the forms, there will be additional charge to cover secretarial time, copy supplies, and postage.

Telephone Calls

You may find it necessary to call the office during office hours. Most times, we will be unable to interrupt our doctors at the time of your call. We are required to take your name, a phone number where you can be reached, and pertinent information regarding your condition so that our doctors or their nurses may call you back. Our doctors and nurses return phone calls between scheduled patients or at the end of the day.

The initial office visit for new patients is \$255.00; we will accept your co-pay and file for the remaining portion. Lab work and injections are additional fees; we will file these as well.

If we have misspelled your name, please call and let us know.

YOU WILL NEED TO BRING THE ATTACHED FORMS, A PICTURE ID, AND YOUR INSURANCE CARDS WITH YOU.

WE LOOK FORWARD TO SEEING YOU!

Low Country Rheumatology, P.A.

Please initial the following:

_____ I understand that I will be responsible for any payment(s) my insurance does not cover.

_____ I have read and understand the above statements.

If you have any questions regarding billing, please call 572-4840 (Option #3) between the hours of 9:00AM to 5:00PM Monday – Friday.