



RCSA

RESPIRATORY
CRITICAL CARE &
SLEEP
ASSOCIATES

a division of **unity** health network

Dear Patient,

Welcome to Respiratory, Critical Care and Sleep Associates. You have been referred for an evaluation.

Please bring the following with you on the day of your appointment:

1. A list of medications, including dosages and frequency, a form is enclosed for your convenience in listing medications.
2. All of your insurance cards with their correct billing address.
3. A referral from your primary care physician, if your insurance requires one. (Our office is not responsible for obtaining a referral; it is the patient's responsibility to obtain a referral from their primary care physician.)
4. Any recent x-ray discs/films that were not taken at a Summa Affiliated Facility.
5. Co-payment. Our contracts with insurance companies require that we collect the entire co-payment at the time of service. You will be assessed a \$20.00 administrative charge for not paying your co-pay at the time of service.

Please complete the enclosed pulmonary & sleep questionnaire and medication & question list and bring these with you on the day of your visit.

*If you cannot keep your appointment, kindly give 24 hours notice. A \$25.00 no show fee will be charged to those not canceling 24 hours in advance.

Thank you for your time and cooperation in the above matters.

Sincerely,

The Physicians and Staff of Respiratory, Critical Care and Sleep Associates

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Suite 210
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(330) 253-1720 - Fax

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(330) 296-7710 - Fax

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