



An affiliate of
 Penn Medicine
Ear, Nose and Throat Network

Dear Patient:

Welcome to our practice! Thank you for choosing Advanced ENT/Hear MD for your care. By combining the best of modern medicine with a compassionate and personalized approach, we truly put our patients first. We would like to make your visit to our office as pleasant, friendly and convenient as possible. We understand that your time is valuable. Therefore, to minimize your wait time while in our office, we ask that you create a secure online account via our patient portal. Please click the Patient Portal option located in the horizontal black bar across the top of every page of the website. **Create a new account and follow the prompts to gain access to your medical record and registration forms.** Carefully read and fully complete the forms, and remember to hit the **SUBMIT** button on each page. By creating an account in our practice portal, you will be able to access your health records at any time, request an appointment, request prescription refills and apply payments to your account in a secure, convenient manner.

Items/Studies To Bring To Your Appointment: In order to provide you with the best care, we will need to know your full medical history, any symptoms you may have and any treatment that you have received for your condition. All pertinent radiology films, laboratory or test results should be brought to our office at the time of your visit. Please bring a list of your medications to your appointment, as well.

Referrals: You will be asked to present valid photo identification (e.g., driver's license) and your insurance card at each visit. If your insurance plan requires a referral, it is your responsibility to contact your primary care physician prior to the appointment. Our practice NPI # is 1679528426 Regional Otolaryngology. The referral must be issued to Regional Otolaryngology Group NOT the physician you are scheduled to see. In most instances, your PCP can electronically issue the referral. Please note that your appointment will have to be rescheduled if we do not have your referral.

Co-Pay: Please come to the office prepared to pay your specialist co-pay at the time of service. For your convenience we accept Visa, MasterCard, AMEX, personal check or cash. A \$15.00 service charge will be assessed if you do not pay your co-pay at the time of service. We value the trust that you have placed in our practice. Once again, thank you for choosing Advanced ENT/Hear MD where you will receive the expertise you expect and the compassion you deserve.

If you need to contact the Scheduling Department about your appointment please call **856-602-4000** and our staff will be happy to assist you.

ADVANCED ENT PHONE: 856-602-4000 -- HEAR MD PHONE: 856-602-4200
ADVANCED ENT FAX: 856-946-1747 -- HEAR MD FAX: 856-412-5030