



UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE
UNIVERSITY SPECIALTY CLINICS®

Dear New Patient:

Thank you for choosing the University Specialty Clinics® - Surgery, Division of Plastic and Reconstructive Surgery to receive your surgical care! We look forward to seeing you on _____ at _____ a. m. /p. m. with Dr. _____.

Please read this document in full and if you have any questions about the contents, please call us at the number listed below.

Enclosed you will find a few blank forms that make up your new patient packet. Please take a few minutes now and fill in the requested information that is required for us to see you as a patient. If you do not complete the required forms or need assistance with filling them out, please arrive 15 minutes in advance of your appointment to complete them. Also, be sure to read your new patient brochure that we have enclosed for you. This will help you become familiar with some of our standard practices, procedures and financial policies. Please bring your completed forms, driver's license or other picture ID, and your insurance card to your scheduled appointment. Additionally, if you have ANY forms that you need filled out by our office; please present them when you check in for your appointment so that they can be addressed.

During your initial office visit (or consult) you will not be having surgery on that day unless it is deemed a medical emergency by your physician. Your initial visit is used to determine the best care for your situation.

If you are required by your insurance carrier to obtain a referral authorization, please do so well in advance of your scheduled appointment. It is the responsibility of the patient to obtain this referral authorization. If you are unsure as to the requirement for a referral authorization, contact your insurance carrier for further information. Once your authorization is approved please provide this documentation to our front desk personnel upon your arrival to your scheduled appointment.

Additionally, if your insurance carrier requires you to pay a co-pay, deductible or co-insurance, our office will collect the appropriate amount from you prior to your scheduled appointment or surgery. Failure to provide proof of insurance coverage or if you are a self pay patient (for your cosmetic needs) will require full payment for your visit at the time of check in.

Our office is located at Two Medical Park Road, Suite 302, beside Palmetto Richland Memorial Hospital. Due to limited seating, please have only one family member accompany you during your appointment to ensure that we have plenty of seating for other patients. Our telephone number is (803) 545-5800 should you have any questions and we look forward to serving your needs. Please contact our office 48 hours in advance if you are unable to keep your scheduled appointment.

Sincerely,

Division of Plastic and Reconstructive Surgery
University Specialty Clinics® - Surgery