



Delaware Valley Nephrology and Hypertension Associates, PC

Edward R. Jones, M.D.
Richard A. Friedman, M.D.
Peter Fumo, M.D.
William F. McElhaugh, D.O.
Thomas C. DelGiorno, M.D.
Nnaemeka G. Chikwendu, M.D.
Janani Rangaswami, M.D.

Dear New Patient:

Welcome to our practice! Thank you for allowing us to serve your health care needs. The following information is provided to introduce you to our practice and our practice policies.

We are enclosing our new patient information forms for you with this letter. Please complete the forms and bring them with you to your first appointment to help speed up the check in process. You will need to arrive 15 minutes prior to your appointment time, so that we may get all your paperwork together and set up your chart to be ready for your appointment time.

LOCATION AND HOURS:

Our office is located at:
Abington Health Center - Blue Bell
721 Arbor Way
Suite 103
Blue Bell, PA 19422
Phone # 215-362-7125
Fax # 215-362-7175

The office is open by appointment only.

FINANCIAL:

Please bring all of your current insurance identification cards with you to the appointment. Please check to make sure that the cards are not expired.

If your insurance requires a referral, you are responsible for requesting the referral from your primary care physician. You must bring the referral with you at the time of the visit. If you do not have a referral at the time of your visit, your appointment will have to be rescheduled.

It is necessary for you to bring any co-payments you will owe according to your insurance benefit to your office visit and it will be collected at the time of check-in.

Your insurance carrier requires we collect your copay at the time of your visit

Your appointment will be rescheduled if your co pay is not paid at the time of your appointment.

For self-pay patients or patients who have no insurance coverage, payment in full is expected at the time of service. We accept cash, checks, money orders, credit cards or debit cards. There is a \$30.00 insufficient funds (bounced check) fee

2813 Medical Building
2813 Cottman Ave
Philadelphia, PA 19149
267.437.3163
Fax: 267.437.3176

10 E. Moreland Avenue
Suite 100
Philadelphia, PA 19118
267.437.3163
Fax: 267.437.3176

125 Medical Campus Dr.
Suite 300
Lansdale, PA 19446
215.362.7125
Fax: 215.362.7175

LATE/NO SHOW POLICY:

We request that you give us at least 48-hours notice if you are unable to keep a scheduled appointment. This will give us time to schedule someone else who may have an urgent need for care. A fee of \$35.00 will be billed for patients who do not give at least 24-hour notice of a cancellation of their appointment.

Patients that arrive more than 10 minutes late for an appointment will be asked to reschedule and may be charged a late fee of \$35.00.

According to office policy, if you fail to keep or cancel your first new patient appointment in advance, you will be given the next available appointment. If you fail to keep or cancel that appointment in advance, you will not be rescheduled and your referring doctor will be notified.

MEDICATIONS:

The physicians of Delaware Valley Nephrology request that all patients **bring either a current list of all your medications, including the strength of the medication and the frequency with which you take it, or the medicine bottle for every medication you are currently taking** to this appointment and every follow-up appointment. Please also bring with you the name, address and phone number of your pharmacy. All prescriptions are submitted electronically to your pharmacy.

CELL PHONES:

The physicians and staff respectfully request that you turn off your cell phone when in our office.

Thank you for choosing Delaware Valley Nephrology and we look forward to meeting you soon.

Physicians and Staff of Delaware Valley Nephrology and Hypertension Associates