

Lincoln Surgical

ASSOCIATES, APMC



Lincoln Surgical Associates, APMC
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Dear Patient,

We are looking forward to meeting you on your scheduled appointment date. I have enclosed new patient forms for you to fill out. In order to save time, you can fill the forms out at home and **mail them in the self addressed, stamped envelope as soon as possible.** I have highlighted what to fill out and where to sign. Also, please mail a copy of your insurance card (if possible) along with the information packet. If you should have any questions, do not hesitate call the office.

If you are taking any medication, **please bring your medicine in the original pharmacy bottles.**

Enclosed is a new patient brochure which explains our policies and procedures. If you have insurance, bring your card. It is our policy to collect any payment due when you arrive for your appointment. **Also, if your insurance is a HMO or PPO, we will need your referral from your primary care physician at the time of your initial appointment. It is YOUR responsibility to obtain this referral from your primary care physician. It is our policy that IF YOUR INSURANCE REQUIRES A REFERRAL YOU WILL NOT BE SEEN WITHOUT A REFERRAL.**

If you have had any diagnostic tests obtained prior to your appointment, such as lab work or x-rays, please bring the results with you. Call and request the actual x-ray films and a typed report from the radiologist who read the films. **(BE SURE THERE IS A TYPED REPORT IN WITH THE X-RAY FILMS BEFORE YOU LEAVE.)** If you have any questions or problems with which we can help you, please contact us at once.

Sincerely,

Lincoln Surgical Associates