

NeuroScience Associates

Timothy J. Johans, M.D.

Thomas C. Manning, M.D., Ph.D.

Paul J. Montalbano, M.D.

Richard A. Lochhead, M.D.

Michael V. Hajjar, M.D.

Dear Patient:

We look forward to seeing you on _____ at _____

To help us prepare for your visit, please fill out the enclosed patient information form and health history questionnaire and bring the completed forms with you at the time of your appointment. Should you not complete the forms prior to coming to the office we will request that you complete them before being seen by the provider. If this is necessary, please allow extra time before your appointment.

If you have had x-rays taken anywhere other than Saint Alphonsus RMC, St Lukes RMC, or Intermountain Medical Imaging (IMI), please bring them with you to your appointment. If you take any prescription medications, please ask your pharmacist for a list of your current medications and bring it to your appointment.

Our Notice of Privacy Practices can be found on our website at www.idneuro.com. If you would like a paper copy of the Notice of Privacy Practices, please ask the receptionist at the time of your appointment. All healthcare facilities are required to provide you with this notice regarding your rights to your medical record and our duty to manage the information. Please sign and return the acknowledgement form in the new patient packet at the time of your appointment stating you have reviewed the notice.

Also enclosed is a copy of our Financial Policy. Please review so that we may help with any questions you may have prior to your appointment.

Please bring your insurance card with you. Our policy requires a copy of your card to insure that we submit the claim correctly on your behalf. Please be prepared to pay your co-pay at the time of your visit. If you have not met your deductible or do not have insurance coverage, we ask that you pay \$275.00 as a deposit for your first visit. First visit fees range between \$383.00 and \$703.00. Should your insurance plan require a referral authorization for your visit please be sure that your primary care physician provides us with the referral authorization form.

To schedule a visit for a Worker's Compensation injury we require written verification of acceptance by the insurance company responsible for your claim. Please bring the insurance company name and address for submission of your claim. This process will help protect you should your claim be denied and we need to submit a claim to your primary insurance company.

Our website www.idneuro.com has maps to all the locations where we provide services.

If you have a question regarding your office appointment please call (208) 327-5600 and ask to speak with the receptionist for the physician you will be seeing. Should you have a medical question please ask to speak to the physician's medical support staff.

Appointments with Dr. Lochhead please ask for Christina.

Appointments with Dr. Johans please ask for Kelly.

Appointments with Dr. Hajjar please ask for Aimee.

Appointments with Dr. Montalbano please ask for Preston.

Appointments with Dr. Manning please ask for Brianna.

Thank you, we look forward to caring for your neurosurgical needs.

6140 W. Curtisian, Suite 400, Boise, ID 83704

Phone: 208.327.5600 | Fax: 208.327.5602