Timothy O. Wahl, M.D., FACP
Sarah B. Konigsberg, M.D. **Umasankari Sundaram, M.D.**
Claire H. Baker, M.D., FACE **Radha Andukuri, M.D.**

Dear Patient:

Welcome to Diabetes and Endocrine Associates, P.C. An appointment has been scheduled for you with

_____ M.D.

On _____, _____ _____ _____
Week day Month Day Year

Please arrive promptly. Your check-in time is: _____

We are located at: **7831 Chicago Court**
Omaha, NE 68114

If you need to cancel or reschedule your appointment, our office requires a 48 hours notice.

- **If our office is not given 48 hours notice you may be responsible for a $25.00 fee.**

We are enclosing paper work which we ask that you complete and bring with you to your first appointment. The information contained on this form is valuable to the Physician and will assist in your care.

- **If forms are incomplete or not brought to your first visit you may be asked to reschedule to a later date.**

It is required that you bring in your insurance card along with your co-pay.

- **If you do not have your insurance card and/or your co-pay you may be asked to reschedule.**

Diabetes & Endocrine Associates requires that a self-pay patient will need to pay $150.00 at the time of their visit. **If you do not have the $150.00 payment at the time of your visit we will have to reschedule you to a later date.**

Self-pay patients are offered 25% discount off their statement if paid within 30 days. Patients will need to contact the billing department to use this payment plan. Billing Department number: (402) 561-2735

It is also required that you bring to the first visit some form of a picture-proof identification.

- **Due to Federal regulations pertaining to the "Red Flag Act," this step is being taken to prevent identity theft within our office.**

If you have additional relevant medical documents we ask that you bring them with you to your appointment. We also need you to bring with you a list of the current medications you are taking.

Enclosed is a map to help you locate the area. **Please make every effort to arrive at the time indicated above late arrivals will need to be rescheduled to a later date.**

Thank you for your cooperation in completing the enclosed forms. We look forward to meeting you in the near future.

Sincerely,

Timothy O Wahl, M.D., FACP
Claire H Baker, M.D., FACE
Sarah B. Konigsberg, M.D.
Uma Sundaram, M.D.
Radha Andukuri, M.D.