

Urologic Associates of Western Pennsylvania, LTD

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Mabry Beebe, PA-C Hailey Spirko, PA-C

Dear Patient:

We would like to welcome you to the Urologic Associates of Western Pennsylvania, LTD practice and thank you for scheduling your appointment. We will do everything we can to make your visit comfortable and beneficial.

If we are seeing you for the first time or have not seen you in several years, you will need to register at the reception desk upon your arrival. Please arrive at least 15 minutes before your scheduled appointment in order to complete the registration process.

In order to make your registration as smooth as possible, please bring the following items to your appointment:

- Photo ID
- Insurance cards
- Referral if required by your insurance plan
- Completed and signed forms in this packet
- Co-Pay (if required by your insurance company)
 - Our office accepts cash, personal checks, Mastercard, Visa and Discover cards.
- If your Medicare or insurance plan requires an annual deductible that has not been met by your appointment, you will be responsible for this payment. You may be asked for this prior to your appointment.
- If you do not have insurance or have a plan that is not accepted, you may be asked for a fee during the registration and/or check-out process. Please have cash, check or credit card available for payment.

Your doctor will see you after you have completed the registration process and have been brought back to the examination room. A Physician Assistant or Nurse Practitioner may assist your doctor during your evaluation. In order to **help your doctor**, please bring the following information to your appointment:

- Completed and signed medical history forms included in this packet
- Any tests or medical records related to this appointment
 - If they are supposed to be sent, please contact us prior to your appointment to make sure we received them
- Any related x-rays not done at the hospital affiliated with the specific office location of your appointment
 - X-rays may be on CD or as traditional x-ray films
 - Bring the report of the x-rays from the radiologist
 - A list of your current medications and allergies.
- If you are not sure about this material, please call us

You will be asked for a urine specimen during your evaluation. We request that you come to your appointment with a **full bladder**. If you have to urinate prior to being brought back to the examination room, please ask us for assistance in obtaining your specimen before your evaluation.

In order to provide the best appointment availability for all our patients, we would ask that you **keep your scheduled appointment**. If you cannot keep your appointment, please notify us at your earliest opportunity – **at least two days notice** is greatly appreciated. In the event of illness or unforeseen circumstance, please call to inform us and to reschedule your appointment. Patients with 'no show' appointments may reschedule on a *next-available* appointment basis. Patients who fail to keep appointments without notice (“no shows”) will be assessed a \$25.00 administrative fee (not covered by insurance) due at the time of their rescheduled appointment.

Our office recognizes that many times, our patients need their providers to fill out or complete forms related to their medical status. While we are happy to assist you with your forms, this process is also very time consuming, so we need your help to make this process as fair and equitable as possible. Effective January 1, 2012 we will assess a \$25.00 administrative fee (not covered by insurance) for FMLA, disability and life insurance forms, due at the time of your request.

Locations:

St. Margaret Office

200 Delafield Road
Suite 3060
Pittsburgh, PA 15215
(412) 781-6448
(412) 781-1350 FAX
Directions:

<http://stmargaret.upmc.com/Locations.htm>

Daniel Gup, MD
Kevin Traub, MD
Wendy Wolfe, PA-C
Mabry Beebe, PA-C

Butler Office

104 Technology Drive
Suite 204
Butler, PA 16001
(724) 482-4257
(724) 482-4785 FAX
Directions:

Call for assistance

Stephen Campanella, MD
Mark Musmanno, MD
Matt Goldinger, CRNP
Hailey Spirko, PA-C

Your appointment is scheduled for

_____, 2015 at _____ am / pm

With _____.

Thank you.