

Appointment Confirmation
**MASSOUDI AND JACKSON NEUROSURGICAL MEDICAL
ASSOCIATES**

23961 CALLE DE LA MAGDALENA SUITE 504
LAGUNA HILLS, CA 92653-3665
949-588-5800

Patient: _____

Appointment with: _____

Date: _____

Time: _____

If you are unable to keep this appointment, please give us at least 24 hours notice. Please call us at (949) 588-5800.

It is very important you complete, date, and sign **all** of the enclosed forms and bring them in at the time of your appointment. Please do not wait until your arrival in the office to complete the information mailed to you. Failure to have all forms completed can result in rescheduling of your appointment. Do not mail them prior to your appointment. Please bring your insurance card(s), and any records, test results, and x-rays (with) reports which may be related to the problem for which you will be seen.

Please take note of the following:

Work Related injuries: Pre-authorization is required from the carrier who will be responsible for paying your bills. We will assist you with this procedure, but you must notify us in 48 hours prior to your appointment.

Medicare: This office accepts Medicare assignment and we will submit all of your charges directly to Medicare by electronic transmission. It is imperative that you give us your supplementary insurance information.

Private Insurance/contracted coverage: We will bill your insurance provided we have your ID#, your carrier's name, address, and a phone number for follow up. If coverage is denied for any reason, you will be responsible for all charges.

YOUR INSURANCE CO-PAYMENT WILL BE COLLECTED FROM YOU AT THE SAME TIME WE COLLECT YOUR PAPERWORK, X-RAYS, ETC.

We look forward to serving you. Please feel free to call us for any further explanations of our office policies and procedures.