

The offices of  
**JOHN R. SIMPSON, D.D.S, M.D., F.A.C.S.**

NORTHEAST GEORGIA ENT-HEAD  
AND NECK SURGERY, P.C  
700 Sunset Dr. Suite 103  
Athens, GA 30606  
Ph. 706-546-0144  
FAX 706-543-9203

WINDER EAR, NOSE THROAT  
CENTER, P.C.  
259 N. BROAD STREET  
WINDER, GEORGIA 30680  
PH. 770-867-1131  
FAX 706-543-9203

Physicians Hearing Centers  
Complete hearing aid  
sales and service  
Athens and Winder Locations  
1-888-450-EARS

Dear Patient,

Thank you for choosing The offices of John R. Simpson, M.D.,F.A.C.S. This letter and any accompanying paperwork is your Patient Information Packet. Please complete the enclosed forms to the best of your ability and knowledge. These forms should be completed in ink only.

On the day of your appointment please bring:

- Completed Paperwork.
- Your insurance card and picture I.D. You will not be seen without acceptable identification.
- Any office notes, CT scans, XRays, labs that may relate to your visit.
- Your copay if applicable. (We accept all major credit cards, checks or cash.)

**It is the patient's responsibility to know if your insurance requires a referral and to obtain the referral and to check with your insurance company to make sure we are in your network.**

We will bill your insurance carrier for all covered services if you are covered by a plan we contract with as participating providers. You are required to pay all copays at the time of service. For amounts due after insurance has processed your claim (such as unmet deductibles or noncovered services), you will receive 3 consecutive statements at 30 day intervals. If no payment is received your account will be forwarded to collections. \*

As always, we do everything we can to better serve your needs in the most efficient and professional manner. If you have any questions or concerns, please do not hesitate to call us, 706-546-0144.

---

Patient (or guardian)Signature

Date

\*You agree, in order for us to service our account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include Prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

\*\$35.00 returned check fee

\*No Show appointments may be charged a \$25.00 fee.