

Piedmont Neurosurgical Group, P.A.

Michael N. Bucci, MD, FACS
Aaron C. MacDonald, MD, FACS
Christie B. Mina, MD

109 Montgomery Drive
Anderson, S.C. 29621
(864) 224-5700

3 St. Francis Drive, Suite 330
Greenville, S.C. 29601
(864) 220-4263

Dear _____,

At the request of Dr. _____, an appointment is scheduled for you with Dr. Bucci / Dr. MacDonald / Dr. Mina / Chris Johnson, PA

on (DAY)_____ (DATE)_____ (TIME)_____ at our Anderson / Greenville location.

YOUR APPOINTMENT...

Please arrive 30 minutes early with the items listed below in the NEW PATIENT CHECKLIST :

CHECKLIST

- Please **CALL** The Office Prior To Appt. So That We Can Pre-Register and Verify Insurance.
- Please Bring Your MRI, CT OR X-RAY FILMS AND REPORTS OR EMG REPORTS.
- Note: OUR OFFICE WILL NOT ACCEPT CD'S.
- You Must Present Your Insurance Card(s) At The Time Of Your Visit.
- You Will Be Responsible For Payment Of Any Applicable Co-Pays or Deductible Amounts At The Time Of Service. (Fee's Range From \$180 to \$300)
- If Your Consultation Is To Be Covered By Workman's Compensation, You Must Have Written Authorization From Worker's Compensation Insurance Carrier.