



MARK S. BRIGHAM, D.O., INC.  
EAR, NOSE AND THROAT MEDICINE ~ AUDIOLOGY AND ALLERGY CLINIC  
195 Wadsworth Rd., Suite 401, Wadsworth, OH 44281  
(330) 336-8717 phone (330) 335-0092 fax

**Hello and Welcome to Mark S. Brigham, D.O., Inc.**

Office of Dr. Mark Brigham, ENT Specialist  
Dr. Tiffany Wagar and Donna Los, Audiologists

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We would like to take this time to welcome you to our practice. We look forward to meeting you and providing you with the best possible medical care.

Please review the following information.

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- ◆ Bring with you or fax to us any pertinent medical information that may help the specialist provider. Example: medical notes, x-ray reports, sleep studies, hearing tests, etc.
  - ◆ If your insurance plan requires a co-pay for office visits with Dr. Brigham and/or the Doctor of Audiology, you will be expected to pay this at the time of your appointment. There will be a billing fee of \$5.00 for co-pays not paid at the time of service. Verify with your insurance card or call your insurance company, if you do not know the amount. We accept cash, personal checks, or MasterCard/Visa/Discover/CareCredit for your convenience. If you do not have healthcare insurance, you will be expected to pay for services in full at the time of the visit.
  - ◆ Complete the FRONT & BACK of the enclosed medical history, patient registration, signature form, and information forms and bring them with you on the day of your appointment. Also, bring your current primary &/or secondary insurance cards and driver's license or proof of identity with you. We will obtain an electronic photograph of each patient for your electronic medical record. You will be required to update the patient registration, signature forms and medical history forms on a yearly basis. Please be sure to sign and date all forms. If you fail to provide your current insurance card, or decline to sign the required forms, your appointment will be rescheduled.

**Insurance Referrals**

- ◆ If your insurance plan requires a referral and pre-authorization for specialist care, please request from your primary care physician's office to complete this prior to your appointment. If it is not in place, we will have to reschedule your visit.
- ◆ Please be advised, it is the responsibility of the patient to check with the insurance company to make sure our physician and/or audiologist is participating and in-network with your insurance plan.

**Appointment Cancellations**

- ◆ If you must cancel an appointment, please give us at least 48 hours whenever possible so that we can offer that time to another patient.
- ◆ If you do not call or show for a scheduled appointment multiple times this may result in the discharge from the practice. There is a \$50.00 fee for not showing for your scheduled appointment and/or testing.

**Medications/Refill Requests**

- ◆ Please contact us 5 days prior to a refill needed. If prior authorization is required, please notify our staff. Your ENT provider per State Law will not authorize refills beyond one year without a return visit/evaluation. Some Rx's will be filled electronically to your specified pharmacy.

**Divorce Decrees**

- ◆ This office is NOT a party to your divorce decree. Adult patients are responsible for their bill at the time of service. The financial responsibility for minors rests with the accompanying parent or guardian. If the other parent is responsible for health care coverage, you must make us aware of this and provide us with all insurance information.

**Minor Patients**

- ◆ Unaccompanied minors may be denied non-emergency treatment.

Please feel free to call our office or billing department if more information is needed at 330-336-8717 x 2