



1 South Western Avenue Glens Falls, NY 12801

Dear Patient:

You have an appointment at our office on \_\_\_\_\_.

Please fill out the enclosed forms and bring them with you to the appointment along with the following items:

**Or mail back**

1. Insurance Card(s) & Photo Identification
2. If patient is a minor, parent **must** come to the first visit
3. **Written Referral** (if required by your insurance company, if unsure please contact your insurance)
4. Co-Pay (as required by your insurance company to be paid at time of service)
5. If you are unable to keep your appointment, **please give us 24 hours notice** to avoid a \$25 No Show fee.

We are looking forward to your visit. If there is anything we can do to make things easier for you please contact our office at **518-745-5280**.

