

**Wesley Neurology Clinic, P.C.**  
**General Information Sheet**

	<u>Central</u>	<u>North</u>	<u>East</u>	<u>South</u>	<u>Headache Clinic</u>
<u>Office #'s:</u>	901-725-8920	901-387-2120	901-624-2960	901-259-5188	901-753-4093
<u>Fax #'s:</u>	901-725-9436	901-387-2127	901-624-2961	901-259-5193	901-757-7844

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**Before Your Appointment:**

\* Contact your primary care physician or referring physician to have your records faxed to our office (see numbers above). Please find out if your physician requires a medical release form to be signed in order for the records to be sent.

\* If your insurance requires a referral from your primary care physician you must have it faxed to us or bring it with you. We cannot obtain one for you and you will not be seen until one is received.

\* Please complete and return patient packet in the provided envelope or fax it to the location where you are being seen. Please include front and back copies of your insurance card(s) and driver's license.

\* Please make sure that the physician you are seeing here is listed on your insurance plan as a participating physician.

\* We do not participate with every insurance company. Please verify that we accept your insurance before your scheduled appointment.

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**Cancellation of Appointment:**

\* We require a 24 hour notice on all appointment cancellations. Please contact us as soon as possible if you find that you can't make your scheduled appointment.

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**Appointment Day:**

- \* Please arrive 15 to 30 minutes before your scheduled time.
- \* Bring all of your insurance cards and a driver's license or picture ID.
- \* Be prepared to pay your copay or co-insurance.
- \* Bring all your medications or a current list of medications you are presently taking.

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**Medical Notice:**

\* Please note that our physicians are Consulting Specialist managing Neurological problems only. We are not your Primary Care Physician. It is important that you provide us with the name of the physician who provides you with your routine care so that we can assure that your PCP will receive the information that is needed to properly coordinate your care.

**Please retain this information in your home files**  
**Do not return this form to our office. Thank you!**