



Dear Patient,

Welcome to Unity Health Network Pulmonary, Critical Care & Sleep Medicine. You have been referred for an evaluation.

Please bring the following with you on the day of your appointment:

1. A list of medications, including dosages and frequency; a form is enclosed for your convenience in listing medications.
2. All of your insurance cards with the correct billing addresses.
3. A referral from your primary care physician if your insurance requires one (our office is not responsible for obtaining a referral; it is the patient's responsibility to obtain a referral from their primary care physician).
4. Copayment. Our contracts with insurance companies require that we collect the entire copayment at the time of service. You will be assessed a \$20.00 administrative charge for not paying your copayment at the time of service.

Please complete the Pulmonary & Sleep Questionnaire and Medication & Question List, and bring these with you on the day of your visit.

*If you cannot keep your appointment, kindly give 24 hours notice. A \$25.00 no-show fee will be charged to those not canceling 24 hours in advance.

Thank you for your time and cooperation in the above matters.

Sincerely,

The Physicians and Staff of Unity Health Network Pulmonary, Critical Care & Sleep Medicine

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Suite 300
Akron, OH 44320
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CANTON
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CUYAHOGA FALLS
Western Reserve Hospital
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