



North Hills
Passavant Prof. Bldg
9104 Babcock Blvd.
Suite 3112
Pittsburgh, PA 15237
p: 412-366-3889
f: 412-364-6160

Allegheny
Allegheny Prof Bldg
490 East North Ave.
Suite 207
Pittsburgh, PA 15212
p: 412-321-1810
f: 412-321-2005

Mercy
Building D
Suite # 5122
1400 Locust St.
Pittsburgh, PA 15219
p: 412-281-0322
f: 412-281-2327

Robinson
133 Church Hill Rd.
1st Floor
Pittsburgh, PA 15136
p: 412-321-1810
or 866-827-0173
f: 412-321-2005

www.metroent.org

Steven R. Jones, M.D.
Scott E. Celin, MD, FACS
Philip A. Pollice, MD, FACS
James E. Blaugrund, MD, FACS
Michael S. Srodes, M.D., FACS

Brentwood
4190 Brownsville Rd.
Pittsburgh, PA 15227
p: 412-281-0322
f: 412-281-2327

Greentree
969 Greentree Rd., 2nd Fl
Pittsburgh, PA 15219
p: 412-281-0322
f: 412-281-2327

Wexford
6001 Stonewood Dr., Ste 300
Wexford, PA 15090
p: 724-772-2711
f: 724-935-3045

Welcome To Our Office

We are pleased that you have selected Metropolitan Ear, Nose & Throat Associates for your care. The following information is provided to help make your visit as efficient and pleasant as possible. Please arrive 15 minutes in advance of your appointment and remember to bring a photo I.D.

Please review your health insurance for recent changes. Your insurance coverage represents a contract between you and your insurance company. Some services may not be covered and payment will be due at the time of service. In addition to an office evaluation, your physician may perform diagnostic testing or procedures. While many of these services are covered, some are not. Your insurance company will be billed; however, you may be responsible for non-covered services under your specific policy.

If your plan requires a referral authorization, it must be obtained in advance of the scheduled appointment. It is your responsibility to request this authorization from your primary care physician. The completed authorization information may be faxed to the office where you will be seen, or you may bring it with you to the appointment.

A current valid health insurance card will need to be presented at the time of your visit.

- **Co pays**

Depending on the benefits offered through your insurance plan, you may be responsible for a co-payment on the date of your visit. ***Patients covered by Blue Shield for Federal Employees with enrollment codes 111 and 112 now have a \$100.00 co-pay for some procedures performed in the office.*** We accept cash, check, debit cards, Visa, or MasterCard as methods of payment.

- **Diagnostic Results or Medical Records**

If you have received prior treatment for the problem you are being seen for, please bring copies of pertinent medical records and/or diagnostic test results with you to your initial visit (i.e. CT scans, lab reports, previous audiograms, office notes). This will limit delays in your care.

- **Request for Medical Records**

Patients may request copies of Medical Records by signing a release form. Please allow approximately two weeks when requesting records from our office.

We look forward to seeing you soon. Please sign to acknowledge your understanding of the above information.

SIGNATURE OF PATIENT (OR RESPONSIBLE PARTY, IF MINOR)

DATE

*Please bring your completed paperwork with you to your appointment. **Do not mail.***