

Dear Patient,

Enclosed is your registration packet for your upcoming appointment at Your Diabetes Endocrine Nutrition Group. Please take time to complete the forms checking both sides for completion and signatures.

- Please arrive 30-minutes early.
- Bring photo ID and insurance card(s) including any co-pay amount that is your responsibility.
- Please bring all your medications (including non-prescription) with you to the visit.
- Those with diabetes please bring your blood sugar meter and 2 weeks of blood sugar readings recorded on paper.
- **Also please bring copies of any lab work you may have had done within the last year.**

For SELF-PAY patients please read the following carefully: The fee range is \$85.00 to \$363.00 depending on many factors including time spent with you and the complexity of the visit. You will receive a 25% DISCOUNT if the whole visit fee is paid on the same date of service. Otherwise a minimum of 50% must be paid at the time of the visit and the rest will be billed. No discount applies if the fee is not paid on the same date of the visit.

Thank you very much.

Your Diabetes Endocrine Nutrition Group, LLC
Daniel Weiss, MD FACP CDE PNS
DW/ch/03/2009