

**James E. Dowd, MD, PC**  
**Board Certified Adult and Pediatric Rheumatologist**

Patient Name: \_\_\_\_\_

**Welcome to the Arthritis Institute of Michigan!**

Your appointment with Dr. Dowd has been scheduled for:

Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

We look forward to meeting you and assisting with your rheumatology needs. To avoid delays in your appointment and care, please read this form thoroughly, sign, and bring this form along with the items listed below to your appointment.

- Please arrive by the arrival time stated above.
- You will be here a **minimum of 2 hours** for your first appointment, so please plan accordingly.
- For your own comfort, we recommend you wear loose fitting clothing to your first appointment. T-shirts, shorts or loose fitting pants are best for examining shoulders, arms and knees.
- If you are not the primary subscriber for your insurance, we will need to know the Name, Address and Date of Birth of that person in order to bill the insurance.
- If your insurance company requires a referral, it is your responsibility to get one from your Primary Care Physician. If this referral is not in our office at the time of your visit, you will need to reschedule your visit or agree to pay for that days visit.
- Co-pays are due at the time of service. We apologize for any inconvenience, but we cannot accept a check at the first appointment.
- Cancellation or reschedule of a new patient appointment requires a 48-hour notice. Patients who do not provide a 48-hour notice cannot be rescheduled.
- Minor Children not accompanied by a parent or legal guardian will be rescheduled, unless we have written permission for a child 16 and older to be seen unaccompanied, or for minor child under 16, we have written permission for the child to be accompanied by someone other than the parent or legal guardian. If you have any questions regarding this policy, please ask prior to the appointment.

**Bring all of the following to your appointment:**

- **Insurance card(s).** If you do not have your insurance card the day of the visit, you will be required to pay for the visit that day in the form of Cash or Credit Card.
- **Photo ID**
- **Thoroughly completed paperwork.** We apologize, but if your paperwork is not completed when you arrive for your appointment, your appointment will need to be rescheduled.
- **Medical Records.** Bring copies of relevant labs and x-ray reports, or have your physician fax them to us at (810) 225-7558. We suggest calling us the day before to see if we have them in our office.

By signing below, you acknowledge that you have read and agree to the above policies.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date