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Dear _____:

Your physician has requested a Nephrology consultation with Dr. _____

Your appointment has been scheduled for _____ at _____
at our _____ location. **Your arrival time is:** _____.

Please see the reverse side for locations and directions.

We ask that you **arrive 20 minutes prior** to your appointment time, failure to do so may result in the appointment being rescheduled.

Please bring the following items:

1. Your current insurance card and photo I.D.
2. A list of your current medications
3. Copay, if applicable

Our Uninsured Policy: *If you do not have insurance, please bring a deposit of \$125.00 for your initial visit and bring a deposit of \$75.00 for each visit thereafter. These deposits will be applied toward your bill and you will be billed for any remaining balance. If you need to arrange a payment plan, please contact our billing office at (937) 438-4625.*

If you have any questions or need to reschedule your appointment, please call our Huber Heights office at (937) 235-2757, or our Centerville office at (937) 438-3132.

Please call 24 hours in advance if you need to reschedule or cancel your appointment. If you have 10 or more minutes late for your scheduled arrival time you will be considered a **NO SHOW** and may **NOT** be rescheduled. **If you miss your appointment without giving a 24 hour notice, we will not be able to reschedule you.**

PLEASE DO NOT SEND NEW PATIENT PAPERWORK BACK TO OUR OFFICE THROUGH THE MAIL. PLEASE BRING THE PAPERWORK TO YOUR SCHEDULED APPOINTMENT.

Thank you. We look forward to becoming part of your experienced, compassionate health care team!

7700 Washington Village Dr., Suite 230
Dayton, Ohio 45459
Telephone: 937-438-3132
Fax: 937-438-8707

7231 Shull Road
Huber Heights, Ohio 45424
Telephone: 937-235-2757
Fax: 937-235-2851

Satellite offices in:
Englewood
Eaton
Middletown