

Welcome
to the Osteopathic Manipulative Medicine practice of
Lynn Beals, D.O.
5060 Jackson Road, Suite CD
Ann Arbor, Michigan 48103
Tel. 734.213.2996 Fax 734.213.2997

This is your patient information packet. It includes information for you about Dr. Beals' medical practice, as well as forms for you to fill out in advance of your first appointment. The forms just for your information are printed on blue paper and the forms that you need to fill out are on white paper. Please be sure to provide all of the information requested on each white form. If you are unsure of what to write for a particular item, please call the office and we will be happy to help you. Following is a list of the contents of this packet.

- **Welcome and Instruction Page** ~ This page
- **Office Policies** ~ This describes how the office and practice function, including information about office hours, appointments, payment for services, and other topics you should know about.
- **Directions to the Medical Office** ~ A map and directions for reaching the office.
- **Consent for Treatment and Financial Consent** ~ We need your explicit consent for the doctor to treat you. We also require your explicit permission to communicate with your insurance company about your treatment, when appropriate. The form enclosed is a copy for you to review and keep for your records. We will ask you to sign the original at your first appointment, and the office staff will witness your signatures.
- **Personal and Insurance Information** ~ This form gives us the information we need to maintain your records, including accounting, and in some cases, to bill your insurance company. The form enclosed is a copy for you to review. We will print a form for you to verify that we have input your information correctly at your office visit.
- **For your first appointment:**
 - **Wear Loose, Comfortable Clothes that you can move in easily.** There is a restroom to change in if needed. At follow-ups, shorts and a t-shirt work well.
 - **Please bring a Photo ID** (driver's license) and your **Insurance Card(s)** with you; we will photocopy them for your file.
 - **Please Bring Your History Form, Recent Laboratory Reports, X-ray reports and Results of Other Relevant Tests.**

We ask you to arrive early so that we can go over any questions or omissions in your information and so that you can sign the consent/financial agreement form and a form acknowledging receipt of our privacy policy.

Note: If you are unable to keep your appointment or wish to reschedule it, please give us at least 24 hour's notice. We charge a "late cancellation" fee of \$100 for a new patient appointment if you do not notify the office at least a day ahead. For additional information about appointments, see the Office Policies and Procedures page in this packet.