

Horizon Cardiology

10-14 Saddle River Road
Fair Lawn, NJ 07410
(551) 246-3008

Dear Patient:

This letter is to confirm your appointment for _____ at _____ . Please plan to arrive approximately 10 minutes prior to your scheduled appointment to allow time for you to register.

If you have been seen by another physician, please request that your medical records and recent test and lab results be forwarded to our office prior to your appointment, as well.

In an effort to be HIPAA compliant and to protect your private health information and identity, we require that you **bring your photo I.D. and insurance card** to each visit.

As a courtesy to you we will submit your insurance claims for you; however, any co- payments will be collected at time of service. For any non-insured patients, fees for **all office visits and related charges are payable at the time of service.**

My staff and I appreciate you selecting our office for your health care. We recognize the trust and responsibility placed in us and we will do everything possible to provide for those needs. We look forward to seeing you!

Sincerely,

Dr. Marcus L. Williams
& The Staff of Horizon Cardiology