

Dear Valued Patient,

**Three Rivers Orthopedic
Associates-UPMC**

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T 412-782-3990
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Heights Shopping Plaza
1624 Pacific Avenue, Suite A
Natrona Heights, PA 15065
T 724-226-1199
F 724-226-1479

The physicians and staff of Three Rivers Orthopedic Associates want to provide you with the best possible care and service during your appointment.

We kindly ask you to complete the enclosed patient information sheets and return them to our office as soon as possible. You may return the information in the self-addressed envelope or by e-mail if it was forwarded to you in that manner. Timely return of your information will help us to reduce any delays when you check in for your office appointment and help to ensure your visit is billed correctly.

Your appointment is scheduled in our:



St. Margaret Office

200 Delafield Road
1st Floor, Suite 1040
Pittsburgh, PA 15215



Natrona Heights Office

1624 Pacific Avenue
Suite A
Natrona Heights, PA 15065

_____/_____/_____ with Dr. _____
Day Date Time

Listed below are some tips to help you prepare for your office visit:

- If you have had any previous treatments (outside of UPMC) for the problem we will be evaluating you for, please bring any relevant information including: X-rays, MRI's, CAT Scans and Myelograms. The physician you are seeing will need the actual films/images and copies of the reports.
- ***If you received care from another UPMC physician or at a UPMC facility, we will be able to retrieve your information through our UPMC network.***
- Please bring your insurance card with you to every appointment.
- Co-payments (if applicable) will be collected at the time of check in. ***(We accept cash, checks, and credit cards).***
- If your insurance requires a referral, please call your Primary Care Physician's office at least 5 business days in advance to ensure the referral is here prior to your scheduled appointment.

Please note that if your visit is a result of a Workman's Compensation claim and/or an Auto Accident, you will need to provide the following information to ensure proper billing:

- Claim #
- Insurance carrier's name & address
- Adjuster's name
- Date and type of injury

We look forward to assisting you with your health care needs. We would like to thank you in advance for taking the time to prepare for your office visit and for choosing Three Rivers Orthopedic Associates for your orthopedic care!

Sincerely,

Three Rivers Orthopedic Associates Physicians & Staff