



Grants Pass Clinic, L.L.P.

495 SW Ramsey Avenue • Grants Pass, Oregon 97527 • Phone 541-476-6644

Welcome to Grants Pass Clinic. Our goal is to provide high quality health care with compassion, integrity, and professionalism. We are pleased you have chosen us for your health care needs and hope to make your experience here as positive as possible.

For your first appointment we request that you **arrive at least 20 minutes early** to complete the check-in process. Enclosed you will find the necessary forms for establishing care at the Clinic. These are included to provide time for you to read and review to ensure your understanding before signing the forms.

In addition, we have enclosed a copy of the Grants Pass Clinic Directory that contains useful information regarding some of our policies. Hopefully this will assist you when you have to call for an appointment, refill a medication, or address an insurance question. By accessing our patient portal or calling the numbers provided, you should decrease any hold time and complete your inquiry in a timely fashion.

For your first appointment please bring with you the following items:

- Current Insurance card or proof of insurance (including Medicare if applicable)
- Driver's license or photo ID
If your photo ID does not show your current street address or if a PO Box is listed, please bring a utility bill or other correspondence showing current street address.
- Co-pay (due and payable before each office visit)
- Enclosed Acknowledgement and Consent Form/Financial Policies
- Enclosed Patient Registration
- Enclosed Adult Annual Visit
- Enclosed FollowMyHealth Patient Portal sign up form
- Enclosed Decline Participation in Genetic Research (optional)
- Enclosed Release of Health Records Form (if needed)

Please be aware that according to HIPAA guidelines we are only able to discuss your medical issues with you or people you have designated in writing. If you would like to designate someone other than yourself, complete the Designation of Personal Representative form and return it to our Information desk.

Appointments will be rescheduled if paperwork is not completed in its entirety at the time of visit.

Thank you,
Grants Pass Clinic

Provider Name _____

Appointment Date _____ Time _____