

Dear \_\_\_\_\_:

In preparation for your visit with \_\_\_\_\_, I have enclosed directions to Quakertown Hospital at 1021 Park Avenue. Our office is located on the 2<sup>nd</sup> floor, suite #203B. Also, enclosed are forms for you to fill out in the comfort of your own home. At the time of your appointment please bring the following information with you.

**Completed enclosed forms**  
**List of your current medications**  
**Insurance cards and Prescription cards**

**If referrals are needed with your insurance**, it is *your responsibility* to obtain a referral from your primary care provider for your scheduled appointment and subsequent following visits. Failure to obtain a referral may result in the patient being responsible for the entire amount of the visit. Please have your primary care provider submit the referral electronically or fax the referral to 610-954-6055. Your co-pay is expected at the time of service. We accept cash, checks, MasterCard and Visa.

We look forward to meeting you on \_\_\_\_\_ at \_\_\_\_\_ in our Quakertown office. Should you have any questions or concerns please call 610-954-2140.

Sincerely,

Cancer Care Associates

Enclosures