



WELCOME TO USF HEALTH

We appreciate you choosing USF Health for your healthcare needs. When you come to see a new healthcare provider, you may have questions about what to expect at your first visit. We hope this letter will prepare you.

USF Health has multiple locations throughout the Tampa Bay area so please reference the location for your appointment time. As a new patient, please plan on arriving at least 30 minutes prior to your appointment. All of our locations have handicap accessible parking available for vehicles that display the appropriate State issued handicap tag. All locations offer general patient parking as well as valet services available at the Morsani Center (for a nominal fee of \$2) and the South Tampa Center (provided by Tampa General Hospital for a fee of \$5). Additional information on our locations, including maps, may be found on our website: www.myhealthcare.usf.edu

At the time of your appointment, you may be asked for any of the following information: insurance card, physician referral, name and address of referring physician, completed health history form, copies of medical records, current prescription bottles and appropriate co-payment. Your name and insurance information will be verified at each subsequent office visit. As a result of Federal Law, we are required to ask for your race and ethnicity at the registration or check-in desk. Please note that you have the option of indicating “declined” if you so desire.

We are an academic institution where future healthcare providers are trained. We use a team approach for your best medical and surgical care so don’t hesitate to ask your caregivers their name or the role they have in your care. Although your Attending Physician is responsible for overseeing your healthcare team, the following explains the types of Providers that you might see during your visit:

- Attending Physician – has completed medical school, a residency program, and is fully licensed. The Attending Physician is directly responsible for your medical and surgical care and will answer questions about your diagnosis and treatment plan.
- Nurse Practitioner (NP), Physician Assistant (PA), or Certified Nurse Midwife (CNM) – is a fully licensed, advanced practice healthcare professional, trained to care for you in our clinic setting. • Fellow – has completed medical school, has completed residency training, and is now concentrating on his/her sub-specialty.
- Resident – is a physician who has completed medical school and is in training focusing on his/her specialty of interest.
- Medical Student – is in medical school learning how to care for patients under the direct supervision of USF Physicians.

Our team is devoted to providing you with the highest quality of care. Let us know if we do not meet your expectations so we can address your concerns promptly. If you think we can improve our care in any way, feel free to make suggestions in person, by phone, in writing, or via our patient satisfaction kiosks.

Thank you for choosing USF Health for all your healthcare needs.



Location: Carol & Frank Morsani Center for Advanced Healthcare (*USF Campus, See map attached*)
13330 USF Laurel Dr. Tampa Florida 33612 – 3rd floor
(813) 974 – 4683, option 1

Date/Time: _____

Audiologist: _____

To: All Patients
From: USF Health Hearing and Balance Center
Re: Patient History Forms Attached

Thank you for choosing the Carol & Frank Morsani Center for Advanced Healthcare. For your convenience, we have enclosed a questionnaire and map to our facility; please bring it with you to your scheduled appointment.

Parking: We are pleased to offer valet services in front of our building or you can park in the garage in the assigned patients' parking. Valet charge is \$2.00, due at time of parking. No charge to park in the garage.

It is recommended that you arrive 30 minutes prior to your appointment time. Patients who arrive 15 minutes after the scheduled time will be rescheduled. Patients who arrive at the wrong location will be rescheduled.

Please bring any medical records related to your care including hearing test, CD or films of X-rays, CT, MRI's.

If you require an interpreter, please bring an adult with you to provide translation between yourself, front desk staff, clinical staff and your physician.

****Note**** If the appointment is for a minor, a parent or legal guardian MUST accompany the child and sign the consent to treat a minor in front of a witness at the time of the appointment. HOWEVER, if accompanied by anyone other than a parent, we will need either the court order stating that you have legal custody or a notarized letter from the parent stating that you are authorized to accompany the minor and consent to treat, or the minor will not be seen by the physician. You must bring this paperwork to every office visit and present at the time of check-in.

By completing these forms and bringing them with you, you will avoid delays upon your arrival for your scheduled appointment. The temperature in the clinic becomes chilly at times, please bring a jacket to make yourself more comfortable. If you are a diabetic, please bring a snack in case you blood sugar runs low.

Thank you in advance for your cooperation.

Laura Pearce
Business Administrator, Department of Otolaryngology

APPOINTMENT REMINDERS

As a service to our patients, we have implemented an appointment reminder system, HouseCalls, to provide you with a reminder of your next scheduled appointment. HouseCalls will either call, text, or email you two days prior to your next appointment to give you the date and time of your appointment. If you are unavailable when the call is made and have voicemail or an answering machine, the system will leave a brief message.

When you receive your appointment reminder phone call, it is **very important** to either confirm or cancel your appointment. Simply use your telephone keypad and press the following keys anytime during the message:

Press the 1 Key to confirm your appointment

Press the 2 Key to replay the message

Press the 3 Key to cancel your appointment

CANCELLATIONS AND MISSED APPOINTMENTS

Within a 3 month period, two cancellations (cancel with less than 24 hours notice) or missed appointments will result in warning letters. Third recurrence patient will receive a discharge letter which will restrict patient from scheduling future appointments with our department.

PLEASE READ

The faculty and staff of the USF Department of Otolaryngology – Head and Neck Surgery make the effort to make your experience with us as pleasant as possible. To that end, you can assist us by familiarizing yourself with the following:

You must have a valid insurance card and a picture ID with you at the time of service. Without these you will not be seen.

It is your responsibility to know your insurance benefits. It is not the responsibility of this office to verify medical eligibility.

It is your responsibility to be sure that the faculty of Otolaryngology are providers for your insurance company prior to making an appointment.

It is your responsibility to obtain a referral or authorization for the office visit and/or procedure. You must either verify that our office has received your referral/authorization or you must bring it with you to your scheduled appointment. If you do not have a referral or an authorization at the time of service, you will not be seen.

Co-payments, co-insurance, deductibles not met, and all past due balances will be collected prior to your visit. If you fail to pay in accordance with your insurance company's contract, you will not be seen.

If needed, it is your responsibility to bring a translator with you to all appointments. A minor child is not acceptable; you must bring an adult family member or friend.

ATTENTION FOSTER PARENTS OR LEGAL GUARDIANS

Foster Parents – you must bring a copy of the court order stating that you have legal custody or the minor will not be seen. You must bring this to every office visit and present at the time of check-in.

Legal Guardians – you must bring a NOTARIZED note from the parent stating that you are authorized to accompany the minor and consent to treatment. Unless otherwise stated in the note, a new note will be required for every visit, or the minor will not be seen.



USF Hearing and Balance Center

Jan Boger, AuD CCC-A

Tammy Szeto, PhD CCC-A

Director & Assistant Professor

Clinical Audiologist

NAME: _____

DATE: _____

EMAIL: _____

Referred by: _____

Explain the reason for your visit: _____

Briefly describe any medical condition you think we should know about: _____

Do you feel you have a hearing problem? That also can mean that sometimes you hear but don't understand what people say. Yes No

How would you rate your communication difficulty? Mild Moderate Severe

Which ear is your better hearing ear? Right Left The same Don't know

Do you have a history of noise exposure? Yes No

If yes, please describe: _____

Do you have a history of hearing loss in your family? Yes No

Have you ever had any type of ear surgery? Yes No

Describe: _____

Do you currently have drainage from your ears? Yes No

Do you have noises in your ear(s) or head? Yes No

Describe: _____

Which ear? Right Left Both Don't know

Have you ever had chemotherapy? Yes No For What? _____

Have you ever had radiation therapy of the head, neck, or ear? Yes No

Do you wear hearing aid(s)? Yes No Which ear? Right Left Both

If you know the make and model of your hearing aid, please describe: _____
